

PUBLIC DISCLOSURE COPY

## Return of Organization Exempt From Income Tax

Form 990

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

2024

Open to Public  
Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable:		C Name of organization <b>KAPPA ALPHA THETA FRATERNITY GROUP RETURN</b>		D Employer identification number <b>36-6135287</b>	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Doing business as Number and street (or P.O. box if mail is not delivered to street address) <b>8740 FOUNDERS ROAD</b>		Room/suite	
		City or town, state or province, country, and ZIP or foreign postal code <b>INDIANAPOLIS, IN 46268</b>			
		F Name and address of principal officer: <b>JENNIFER SCHMALTZ SAME AS C ABOVE</b>			
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( 7 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				E Telephone number <b>317-876-1870</b>	
J Website: <b>WWW.KAPPAALPHATHETA.ORG</b>				G Gross receipts \$ <b>41,194,750.</b>	
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other				H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				If "No," attach a list. See instructions	
				H(c) Group exemption number <b>0154</b>	

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>THE ADMINISTRATION OF LOCAL CHAPTERS.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>6</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>6</b>
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>127</b>
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	<b>5879</b>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
b Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	<b>1,646,821.</b>	<b>1,725,584.</b>
	9 Program service revenue (Part VIII, line 2g)	<b>37,956,770.</b>	<b>39,469,166.</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-184,012.</b>	<b>-113,619.</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>39,419,579.</b>	<b>41,081,131.</b>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,716,473.</b>	<b>2,038,990.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>3,042,614.</b>	<b>2,763,877.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	b Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>33,843,415.</b>	<b>34,367,443.</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>38,602,502.</b>	<b>39,170,310.</b>
19 Revenue less expenses. Subtract line 18 from line 12	<b>817,077.</b>	<b>1,910,821.</b>	
Net Assets or Fund Balances	Beginning of Current Year	End of Year	
	<b>16,306,211.</b>	<b>19,058,286.</b>	
	<b>6,505,566.</b>	<b>7,350,513.</b>	
	<b>9,800,645.</b>	<b>11,707,773.</b>	

## Part II Signature Block

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

Sign Here	Signature of officer <b>JENNIFER SCHMALTZ, CHIEF EXECUTIVE OFFICER</b>		Date
	Type or print name and title		
Paid	Preparer's name <b>CHRISTINE KEITH, CPA</b>	Preparer's signature	Date
Preparer			Check <input type="checkbox"/> if self-employed
Use Only	Firm's name <b>CHERRY BEKAERT ADVISORY LLC</b>		Firm's EIN <b>88-2730877</b>
	Firm's address <b>9229 DELEGATES ROW STE 250 INDIANAPOLIS, IN 46240</b>		Phone no. <b>317-347-5200</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

TO ADMINISTER LOCAL CHAPTERS OF THE KAPPA ALPHA THETA FRATERNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the

prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

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

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 \$ \_\_\_\_\_)

SERVICES PROVIDED WERE ORGANIZING AND ADMINISTERING LOCAL CHAPTER ACTIVITIES ON COLLEGE CAMPUSES INCLUDING: HOUSING, ROOM AND BOARD, LEADERSHIP AND DEVELOPMENT, SOCIAL, RECRUITMENT AND OTHER ACTIVITIES.

4b (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_) including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4c (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_) including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4d Other program services (Describe on Schedule O.)

(Expenses \$ \_\_\_\_\_) including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses

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**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	1	X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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? <i>If "Yes," complete Schedule C, Part I</i> .....	3	X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	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? <i>If "Yes," complete Schedule C, Part III</i> .....	5	X
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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> .....	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	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. <ul style="list-style-type: none"> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....</li> <li>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? <i>If "Yes," complete Schedule D, Part VII</i> .....</li> <li>c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....</li> <li>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? <i>If "Yes," complete Schedule D, Part IX</i> .....</li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....</li> <li>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)? <i>If "Yes," complete Schedule D, Part X</i> .....</li> </ul>	11a	X
11b .....	11b	X
11c .....	11c	X
11d .....	11d	X
11e .....	11e	X
11f .....	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	12a	X
12b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States? <ul style="list-style-type: none"> <li>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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....</li> </ul>	14a	X
14b .....	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i> .....	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	20a	X
20b .....	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	21	X

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**Part IV Checklist of Required Schedules (continued)**

	<b>Yes</b>	<b>No</b>
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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	24b	
c 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 <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> .....	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	35a	X
b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	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? <i>If "Yes," complete Schedule R, Part VI</i> .....	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		
<b>Note:</b> All Form 990 filers are required to complete Schedule O .....	38	X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

**X**

	<b>Yes</b>	<b>No</b>
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	1a	0
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1c	

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

	Yes	No
<b>2a</b> 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	127
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	2b	X
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	3a	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> .....	3b	X
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	4a	X
<b>b</b> If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). .....		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	5a	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	5b	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....	5c	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....	6a	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	6b	X
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....	7a	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	7b	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	7c	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year .....	7d	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	7e	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	7f	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	7g	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	7h	
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....	8	
<b>9</b> <b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? .....	9a	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....	9b	
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 .....	10a	985,625.
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	10b	0.
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders .....	11a	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	11b	
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	12a	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	12b	
<b>13</b> <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? .....		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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	
<b>c</b> Enter the amount of reserves on hand .....	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? .....	14a	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .....	14b	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....		
If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....		
If "Yes," complete Form 4720, Schedule O.		
<b>17</b> <b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? .....		
If "Yes," complete Form 6069.		

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**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year .....	<b>1a</b>	<b>6</b>	
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>1b</b> Enter the number of voting members included on line 1a, above, who are independent .....	<b>1b</b>	<b>6</b>	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	<b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....	<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>		X
<b>6</b> Did the organization have members or stockholders? .....	<b>6</b>	X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	<b>7a</b>	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	<b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? .....	<b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....	<b>9</b>		X

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	<b>10a</b>	X	
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	<b>10b</b>	X	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	<b>11a</b>	X	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	<b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12b</b>		
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	<b>12c</b>		
<b>13</b> Did the organization have a written whistleblower policy? .....	<b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? .....	<b>14</b>	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
<b>a</b> The organization's CEO, Executive Director, or top management official .....	<b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization .....	<b>15b</b>	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16a</b>	X	
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....	<b>16b</b>		

**Section C. Disclosure**

<b>17</b> List the states with which a copy of this Form 990 is required to be filed	<b>NONE</b>
<b>18</b> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
<input checked="" type="checkbox"/> Own website	<input type="checkbox"/> Another's website
<input checked="" type="checkbox"/> Upon request	<input type="checkbox"/> Other (explain on Schedule O)
<b>19</b> Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records	
<b>KAPPA ALPHA THETA FRATERNITY - 317-876-1870</b>	
<b>8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268</b>	

## **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)

Each organization's five 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 nor any related organization compensated any current officer, director, or trustee.

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## Part VII

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

<b>1b Subtotal .....</b>	<b>0.</b>	<b>822,133.</b>	<b>116,412.</b>
<b>c Total from continuation sheets to Part VII, Section A .....</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>d Total (add lines 1b and 1c) .....</b>	<b>0.</b>	<b>822,133.</b>	<b>116,412.</b>

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 0

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

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**Part VIII Statement of Revenue**

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

		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b> 236,033.					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> 1,489,551.					
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b> \$					
	<b>h Total.</b> Add lines 1a-1f .....	1,725,584.					
<b>Program Service Revenue</b>	<b>Business Code</b>						
	<b>2 a</b> DUES .....	900001				18,923,812.	18923812.
	<b>b</b> BOARD FEES .....	900001				11,706,012.	11706012.
	<b>c</b> CHAPTER FEES .....	900001				8,181,820.	8,181,820.
	<b>d</b> .....						
	<b>e</b> .....						
<b>f</b> All other program service revenue .....	900001	657,522.	657,522.	39,469,166.			
<b>g Total.</b> Add lines 2a-2f .....							
<b>Other Revenue</b>	<b>(i) Real</b>						
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	<b>6a</b>					
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	<b>6b</b>					
	<b>5</b> Royalties .....	<b>6c</b>					
	<b>6 a</b> Gross rents .....	<b>7a</b>					
	<b>b</b> Less: rental expenses .....	<b>7b</b>					
	<b>c</b> Rental income or (loss) .....	<b>7c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>8a</b>					
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>8b</b> 113,619.					
<b>c</b> Gain or (loss) .....							
<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ 236,033. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b> 0.						
<b>b</b> Less: direct expenses .....	<b>8b</b>	-113,619.	-113,619.				
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>Business Code</b>						
	<b>11 a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions .....	41,081,131.	39469166.	0.	-113,619.			

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**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  X

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .....	<b>2,038,990.</b>			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	<b>2,503,470.</b>			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....				
9 Other employee benefits .....	<b>67,953.</b>			
10 Payroll taxes .....	<b>192,454.</b>			
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....				
c Accounting .....	<b>29,713.</b>			
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....				
12 Advertising and promotion .....				
13 Office expenses .....	<b>384,026.</b>			
14 Information technology .....	<b>2,669.</b>			
15 Royalties .....				
16 Occupancy .....	<b>7,109,544.</b>			
17 Travel .....	<b>3,821.</b>			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	<b>178,243.</b>			
20 Interest .....	<b>19,648.</b>			
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....				
23 Insurance .....				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) .....				
a <b>SOCIAL EVENTS</b> .....	<b>5,812,199.</b>			
b <b>FOOD/KITCHEN</b> .....	<b>4,602,144.</b>			
c <b>NEW MEMBER PROGRAMS</b> .....	<b>2,759,266.</b>			
d <b>PER CAPITA FEE</b> .....	<b>2,469,606.</b>			
e All other expenses <b>SEE SCH O</b> .....	<b>10,996,564.</b>			
<b>25 Total functional expenses.</b> Add lines 1 through 24e .....	<b>39,170,310.</b>			
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) .....				

**KAPPA ALPHA THETA FRATERNITY**  
**GROUP RETURN**

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing .....	9,982,971.	1	11,858,510.
	2 Savings and temporary cash investments .....		2	
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	2,892,192.	4	3,580,692.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	680,589.	9	672,970.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a		
	b Less: accumulated depreciation .....	10b		10c
	11 Investments - publicly traded securities .....		11	
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	2,750,459.	15	2,946,114.
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	<b>16,306,211.</b>	<b>16</b>	<b>19,058,286.</b>
Liabilities	17 Accounts payable and accrued expenses .....	686,150.	17	650,218.
	18 Grants payable .....		18	
	19 Deferred revenue .....	2,892,192.	19	3,580,692.
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,927,224.	25	3,119,603.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	<b>6,505,566.</b>	<b>26</b>	<b>7,350,513.</b>
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions .....	9,800,645.	27	11,707,773.
	28 Net assets with donor restrictions .....		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds .....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	31 Retained earnings, endowment, accumulated income, or other funds .....		31	
	32 Total net assets or fund balances .....	9,800,645.	32	11,707,773.
	<b>33 Total liabilities and net assets/fund balances</b> .....	<b>16,306,211.</b>	<b>33</b>	<b>19,058,286.</b>

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**KAPPA ALPHA THETA FRATERNITY**  
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**Part XI Reconciliation of Net Assets**

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

1 Total revenue (must equal Part VIII, column (A), line 12) .....	1 41,081,131.
2 Total expenses (must equal Part IX, column (A), line 25) .....	2 39,170,310.
3 Revenue less expenses. Subtract line 2 from line 1 .....	3 1,910,821.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	4 9,800,645.
5 Net unrealized gains (losses) on investments .....	5
6 Donated services and use of facilities .....	6
7 Investment expenses .....	7
8 Prior period adjustments .....	8
9 Other changes in net assets or fund balances (explain on Schedule O) .....	9 -3,693.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	10 11,707,773.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other .....	2a	X
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2c	
2b Were the organization's financial statements audited by an independent accountant? .....	3a	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	3b	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....		
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....		

Form 990 (2024)

**Schedule B  
(Form 990)**(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

**KAPPA ALPHA THETA FRATERNITY  
GROUP RETURN**

Employer identification number

**36-6135287**

Organization type (check one):

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

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

KAPPA ALPHA THETA FRATERNITY  
GROUP RETURN

Employer identification number

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 7,819.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 25,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

KAPPA ALPHA THETA FRATERNITY  
GROUP RETURN

Employer identification number

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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

KAPPA ALPHA THETA FRATERNITY  
GROUP RETURN

Employer identification number

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**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

FORM 990	LINE H(B) - LIST OF SUBORDINATE ORGANIZATIONS INCLUDED IN GROUP RETURN	STATEMENT 1
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NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
ALPHA CHAPTER OF KAPPA ALPHA THETA	904 S COLLEGE AVE - GREENCASTLE, IN 46135-1951	35-0867562
ALPHA CHI CHAPTER OF KAPPA ALPHA THETA	607 N RUSSELL ST - WEST LAFAYETTE, IN 47906-2826	35-1578646
ALPHA EPSILON CHAPTER OF KAPPA ALPHA THETA	42 CHARLESFIELD ST, BOX 2002 - PROVIDENCE, RI 02912-1168	05-0401170
ALPHA ETA CHAPTER OF KAPPA ALPHA THETA	2308C VANDERBILT PLACE - NASHVILLE, TN 37212	62-1316998
ALPHA GAMMA CHAPTER OF KAPPA ALPHA THETA	1861 INDIANOLA AVE. - COLUMBUS, OH 43201	31-4221872
ALPHA LAMBDA CHAPTER OF KAPPA ALPHA THETA	4521 17TH AVENUE NE - SEATTLE, WA 98105	91-0277810
ALPHA MU CHAPTER OF KAPPA ALPHA THETA	603 KENTUCKY BOULEVARD - COLUMBIA, MO 65201	43-0349100
ALPHA NU CHAPTER OF KAPPA ALPHA THETA	1020 GERALD AVE. - MISSOULA, MT 59801	81-0230943
ALPHA OMEGON CHAPTER OF KAPPA ALPHA THETA	845 CHAUTAUQUA AVENUE - NORMAN, OK 73069	73-0308390
ALPHA PHI CHAPTER OF KAPPA ALPHA THETA	928 BROADWAY STREET - NEW ORLEANS, LA 70118-5137	72-0804517
ALPHA PI CHAPTER OF KAPPA ALPHA THETA	2500 UNIVERSITY AVE. - GRAND FORKS, ND 58203	45-0173340
ALPHA PSI CHAPTER OF KAPPA ALPHA THETA	711 E. BOLDT WAY SPC 229 - APPLETON, WI 54911	39-1251208
ALPHA RHO CHAPTER OF KAPPA ALPHA THETA	725 E. CLARK ST - VERMILLION, SD 57069	46-0224824
ALPHA SIGMA CHAPTER OF KAPPA ALPHA THETA	850 NE MONROE ST. - PULLMAN, WA 99163	91-0123837
ALPHA TAU CHAPTER OF KAPPA ALPHA THETA	2711 CLIFTON AVE. - CINCINNATI, OH 45220	31-0539242

## KAPPA ALPHA THETA FRATERNITY GROUP RETUR

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ALPHA THETA CHAPTER OF KAPPA	2401 PEARL STREET - AUSTIN, TX	74-1135209
ALPHA THETA	78705	
ALPHA XI CHAPTER OF KAPPA	655 EAST 11TH AVE. - EUGENE,	93-0202225
ALPHA THETA	OR 97401	
BETA CHAPTER OF KAPPA ALPHA	441 N. WOODLAWN AVENUE -	35-0432050
THETA	BLOOMINGTON, IN 47408-3932	
BETA DELTA CHAPTER OF KAPPA	1050 N. MOUNTAIN AVENUE -	86-0031005
ALPHA THETA	TUCSON, AZ 85719	
BETA EPSILON CHAPTER OF KAPPA	465 NW 23RD STREET -	93-0202220
ALPHA THETA	CORVALLIS, OR 97330	
BETA ETA CHAPTER OF KAPPA	130 SOUTH 39TH STREET -	23-2496933
ALPHA THETA	PHILADELPHIA, PA 19104	
BETA GAMMA CHAPTER OF KAPPA	708 CITY PARK AVENUE - FT.	47-3250290
ALPHA THETA	COLLINS, CO 80521	
BETA IOTA CHAPTER OF KAPPA	1333 UNIVERSITY AVE. -	84-0241230
ALPHA THETA	BOULDER, CO 80302-6213	
BETA KAPPA CHAPTER OF KAPPA	1335 34TH ST. - DES MOINES, IA	42-0351495
ALPHA THETA	50311	
BETA LAMBDA CHAPTER OF KAPPA	155 RICHMOND ROAD -	54-0819839
ALPHA THETA	WILLIAMSBURG, VA 23185-3627	
BETA MU CHAPTER OF KAPPA ALPHA	863 N. SIERRA STREET - RENO,	88-0034267
THETA	NV 89503	
BETA NU CHAPTER OF KAPPA ALPHA	510 W. PARK AVENUE -	59-0636363
THETA	TALLAHASSEE, FL 32301	
BETA OMEGA CHAPTER OF KAPPA	1015 N NEVADA AVE - COLORADO	84-0405198
ALPHA THETA	SPRINGS, CO 80903-2469	
BETA OMICRON CHAPTER OF KAPPA	823 E. BURLINGTON ST. - IOWA	42-0351500
ALPHA THETA	CITY, IA 52240-5113	
BETA PHI CHAPTER OF KAPPA	400 LYONS HALL - UNIVERSITY	23-7097425
ALPHA THETA	PARK, PA 16802	
BETA PI CHAPTER OF KAPPA ALPHA	303 OAKHILL AVENUE - EAST	38-0706010
THETA	LANSING, MI 48823-3243	
BETA RHO CHAPTER OF KAPPA	511 S. MANGUM STREET - DURHAM,	56-6086402
ALPHA THETA	NC 27701	
BETA TAU CHAPTER OF KAPPA	200 N. MULBERRY ST -	31-6077958
ALPHA THETA	GRANVILLE, OH 43023	
BETA THETA CHAPTER OF KAPPA	630 ELM STREET - MOSCOW, ID	82-0200817
ALPHA THETA	83843	
BETA XI CHAPTER OF KAPPA ALPHA	736 HILGARD AVENUE - LOS	95-0890350
THETA	ANGELES, CA 90024	
BETA ZETA CHAPTER OF KAPPA	1323 W. UNIVERSITY AVENUE -	73-0308395
ALPHA THETA	STILLWATER, OK 74074	
CHI CHAPTER OF KAPPA ALPHA	306 WALNUT PLACE - SYRACUSE,	15-0354780
THETA	NY 13210	
DELTA CHAPTER OF KAPPA ALPHA	611 EAST DANIEL STREET -	37-0359350
THETA	CHAMPAIGN, IL 61820-6213	
DELTA CHI CHAPTER OF KAPPA	127 CHANCELLOR STREET -	54-1086861
ALPHA THETA	CHARLOTTESVILLE, VA 22903	
DELTA DELTA CHAPTER OF KAPPA	280 BOYER AVE - WALLA WALLA,	36-3195441
ALPHA THETA	WA 99362-2044	
DELTA EPSILON CHAPTER OF KAPPA	915 S. RURAL ROAD - TEMPE, AZ	86-6030844
ALPHA THETA	85281	
DELTA ETA CHAPTER OF KAPPA	1517 MCCAIN LANE - MANHATTAN,	48-0673098
ALPHA THETA	KS 66502	
DELTA IOTA CHAPTER OF KAPPA	1119 WHEELOCK STUDENT CENTER -	91-6057588
ALPHA THETA	TACOMA, WA 98416	
DELTA KAPPA CHAPTER OF KAPPA	4030 W. LAKESHORE DR. - BATON	72-0626670
ALPHA THETA	ROUGE, LA 70808	

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DELTA OMEGA CHAPTER OF KAPPA ALPHA THETA	1503 ATHENS DRIVE - COLLEGE STATION, TX 77840	74-2107148
DELTA OMICRON CHAPTER OF KAPPA ALPHA THETA	PO BOX 866629 - TUSCALOOSA, AL 35486 0060	63-0514585
DELTA THETA CHAPTER OF KAPPA ALPHA THETA	715 SW 10TH STREET - GAINESVILLE, FL 32601	59-0968099
DELTA UPSILON CHAPTER OF KAPPA ALPHA THETA	ATTN: KAPPA ALPHA THETA - RICHMOND, KY 40475	61-1060002
DELTA ZETA CHAPTER OF KAPPA ALPHA THETA	KAO EMORY UNIV. 11 EAGLE ROW NE LODGE D - ATLANTA, GA 30322	23-7105000
EPSILON EPSILON CHAPTER OF KAPPA ALPHA THETA	PO BOX 85615 - WACO, TX 76798	74-2422871
EPSILON IOTA CHAPTER OF KAPPA ALPHA THETA	501 WESTMINSTER AVE, CBOX 660 - FULTON, MO 65251-8660	43-1238588
EPSILON LAMBDA CHAPTER OF KAPPA ALPHA THETA	34 S. WEST STREET - CARLISLE, PA 17013-2896	23-2237448
EPSILON MU CHAPTER OF KAPPA ALPHA THETA	5444 FRIST CAMPUS CENTER - PRINCETON, NJ 08544	22-2547141
EPSILON NU CHAPTER OF KAPPA ALPHA THETA	3025 OAK LANE, SPECIAL PURPOSE HOUSING N - BLACKSBURG, VA 24061	82-2619697
EPSILON OMEGA CHAPTER OF KAPPA ALPHA THETA	50 S. LINCOLN ST. BOX 1440 - WASHINGTON, PA 15301-4812	25-1565046
EPSILON OMICRON CHAPTER OF KAPPA ALPHA THETA	201 COLLEGE AVENUE - ASHLAND, VA 23005	54-1264288
EPSILON PHI CHAPTER OF KAPPA ALPHA THETA	REYNOLDS CLUB, ROOM 001, 5706 S. UNIVERSITY AVE. - CHICAGO, IL 60637	36-3497845
EPSILON PI CHAPTER OF KAPPA ALPHA THETA	BUCKNELL UNIVERSITY BOX C3945 - LEWISBURG, PA 17837	23-2343442
EPSILON PSI CHAPTER OF KAPPA ALPHA THETA	28 WESTHAMPTON WAY - RICHMOND, VA 23173	54-1411448
EPSILON RHO CHAPTER OF KAPPA ALPHA THETA	106 HILL ROAD - BETHLEHEM, PA 18015	23-2319235
EPSILON SIGMA CHAPTER OF KAPPA ALPHA THETA	1014 ARROYO DRIVE - IRVINE, CA 92617	33-0087836
EPSILON TAU CHAPTER OF KAPPA ALPHA THETA	15 HIGH STREET - NEW HAVEN, CT 06510	62-1252143
EPSILON THETA CHAPTER OF KAPPA ALPHA THETA	421 N. WOODLAND BLVD, UNIT 6484 - DELAND, FL 32723	81-3327176
EPSILON UPSILON CHAPTER OF KAPPA ALPHA THETA	534 W 114TH ST - NEW YORK, NY 10025-7804	06-1164535
ETA ETA CHAPTER OF KAPPA ALPHA THETA	2112 CLEVELAND BOULEVARD - CALDWELL, ID 83605	82-0525909
ETA IOTA CHAPTER OF KAPPA ALPHA THETA	5998 ALCALA PARK, SLP301 - SAN DIEGO, CA 92110	91-2078836
ETA KAPPA CHAPTER OF KAPPA ALPHA THETA	1 JOHN CARROLL BLVD - UNIVERSITY HEIGHTS, OH 44118	34-1968556
ETA LAMBDA CHAPTER OF KAPPA ALPHA THETA	1147 BENTON ST - SANTA CLARA, CA 95050	04-3777901
ETA OMEGA CHAPTER OF KAPPA ALPHA THETA	20 N. GRAND BLVD MSC #1280 - ST. LOUIS, MO 63103	46-3485657
ETA PI CHAPTER OF KAPPA ALPHA THETA	11921 CARLTON ROAD - CLEVELAND, OH 44106	51-0645633
ETA PSI CHAPTER OF KAPPA ALPHA THETA	25 WHITFIELD ROAD - SOMERVILLE, MA 02144	46-3379272

ETA RHO CHAPTER OF KAPPA ALPHA THETA	285 WARREN SERVICE DR, MSC3518 - HARRISONBURG, VA 22807	51-0645634
ETA SIGMA CHAPTER OF KAPPA ALPHA THETA	1 UNIVERSITY DRIVE - ORANGE, CA 92866	61-1551175
ETA TAU CHAPTER OF KAPPA ALPHA THETA	401 W. KENNEDY BLVD., BOX P - TAMPA, FL 33606	27-3259553
ETA THETA CHAPTER OF KAPPA ALPHA THETA	4400 GREEK COURT - ORLANDO, FL 32816	59-3671767
ETA UPSILON CHAPTER OF KAPPA ALPHA THETA	2130 FULTON ST, UNIVERSITY CENTER 4TH FLOOR, ATTN: SLE - SAN FRANCISCO, CA	45-3013965
ETA XI CHAPTER OF KAPPA ALPHA THETA	275 MOUNT CARMEL AVE. BOX #31 - HAMDEN, CT 06518-1733	20-5477391
GAMMA CHAPTER OF KAPPA ALPHA THETA	825 W. HAMPTON DRIVE - INDIANAPOLIS, IN 46208	35-0867363
GAMMA CHI CHAPTER OF KAPPA ALPHA THETA	5317 N. MILLBROOK AVENUE - FRESNO, CA 93710-7315	94-1376051
GAMMA DELTA CHAPTER OF KAPPA ALPHA THETA	338 S. MILLEDGE AVENUE - ATHENS, GA 30605-1048	58-0595274
GAMMA DEUTERON CHAPTER OF KAPPA ALPHA THETA	179 W. WINTER STREET - DELAWARE, OH 43015	31-4389978
GAMMA IOTA CHAPTER OF KAPPA ALPHA THETA	408 PENNSYLVANIA COURT - LEXINGTON, KY 40508	61-0450152
GAMMA KAPPA CHAPTER OF KAPPA ALPHA THETA	800 21ST ST NW, SUITE 409 GREEK LIFE OFFICE - WASHINGTON, DC 20052	81-4703970
GAMMA MU CHAPTER OF KAPPA ALPHA THETA	7407 PRINCETON AVE - COLLEGE PARK, MD 20740-3304	52-0608426
GAMMA NU CHAPTER OF KAPPA ALPHA THETA	1262 12TH STREET NORTH - FARGO, ND 58102	45-0226532
GAMMA OMEGA CHAPTER OF KAPPA ALPHA THETA	201 WIRE RD., THE VILLAGE, BOX #14 - AUBURN, AL 36849	23-7094288
GAMMA PHI CHAPTER OF KAPPA ALPHA THETA	19 GREEK CIRCLE - LUBBOCK, TX 79416-5815	75-6061280
GAMMA PI CHAPTER OF KAPPA ALPHA THETA	2239 KNAPP STREET - AMES, IA 50014	42-0681123
GAMMA PSI CHAPTER OF KAPPA ALPHA THETA	TCU BOX 294515 - FT. WORTH, TX 76129	75-1510946
GAMMA RHO CHAPTER OF KAPPA ALPHA THETA	6551 EL COLEGIO ROAD - GOLETA, CA 93117	95-3467067
GAMMA SIGMA CHAPTER OF KAPPA ALPHA THETA	5720 MONTEZUMA ROAD - SAN DIEGO, CA 92115	81-3334108
GAMMA TAU CHAPTER OF KAPPA ALPHA THETA	3210 E 5TH PL - TULSA, OK 74104-3115	73-6112078
GAMMA THETA CHAPTER OF KAPPA ALPHA THETA	1077 MOREWOOD AVE - PITTSBURGH, PA 15213	25-1309163
GAMMA UPSILON CHAPTER OF KAPPA ALPHA THETA	2026 ARMSTRONG STUDENT CENTER, 550 E. SPRING ST - OXFORD, OH 45056	23-7109591
GAMMA ZETA CHAPTER OF KAPPA ALPHA THETA	U OF CONNECTICUT, HUSKY VILLAGE, A2 - STORRS MANSFIELD, CT 06269	51-0243424
IOTA CHAPTER OF KAPPA ALPHA THETA	519 STEWART AVENUE - ITHACA, NY 14850	16-1164377
KAPPA CHAPTER OF KAPPA ALPHA THETA	1433 TENNESSEE ST - LAWRENCE, KS 66044-3481	48-0543691
LAMBDA CHAPTER OF KAPPA ALPHA THETA	215 S PROSPECT ST - BURLINGTON, VT 05401-3519	46-2452857

MU CHAPTER OF KAPPA ALPHA THETA	ALLEGHENY COLLEGE, 520 N MAIN ST., BOX 178 - MEADVILLE, PA 16335	25-6086538
NU CHAPTER OF KAPPA ALPHA THETA	PO BOX 159 HANOVER COLLEGE - HANOVER, IN 47243	35-1041334
OMEGA CHAPTER OF KAPPA ALPHA THETA	2723 DURANT AVE - BERKLEY, CA 94704	94-1158472
OMICRON CHAPTER OF KAPPA ALPHA THETA	653 W. 28TH STREET - LOS ANGELES, CA 90007	95-0890340
PHI CHAPTER OF KAPPA ALPHA THETA	637 PRESIDENT'S DRIVE - STOCKTON, CA 95211	94-1490664
PHI DEUTERON CHAPTER OF KAPPA ALPHA THETA	585 COWELL LANE - STANFORD, CA 94305-8512	94-2747663
PI CHAPTER OF KAPPA ALPHA THETA	CAMPUS PROGRAMS & ORGANIZATIONS - ALBION, MI 49224	38-2510011
PSI CHAPTER OF KAPPA ALPHA THETA	108 LANGDON ST. - MADISON, WI 53703	39-0385840
RHO CHAPTER OF KAPPA ALPHA THETA	1545 'S' STREET - LINCOLN, NE 68508	47-0207480
TAU CHAPTER OF KAPPA ALPHA THETA	619 UNIVERSITY PLACE - EVANSTON, IL 60201	36-2191771
THETA IOTA CHAPTER OF KAPPA ALPHA THETA	3700 O ST. NW - WASHINGTON, DC 20057	46-4555348
THETA KAPPA CHAPTER OF KAPPA ALPHA THETA	2100 S. FLOYD ST., SAC W310 - LOUISVILLE, KY 40292	47-3139896
THETA MU CHAPTER OF KAPPA ALPHA THETA	1500 ILLINOIS STREET - GOLDEN, CO 80401	81-3370721
THETA NU CHAPTER OF KAPPA ALPHA THETA	129 FIFTH STREET NW - ATLANTA, GA 30313	81-3394663
THETA OMICRON CHAPTER OF KAPPA ALPHA THETA	1531 DARRYL MCCALL CIRCLE - CHARLOTTE, NC 28262	82-1313675
THETA PI CHAPTER OF KAPPA ALPHA THETA	5151 PARK AVENUE - FAIRFIELD, CT 06825	82-3048551
THETA THETA CHAPTER OF KAPPA ALPHA THETA	2600 STEWARDSHIP PARK - RALEIGH, NC 27606	46-3360201
THETA XI CHAPTER OF KAPPA ALPHA THETA	SOAR REDWOOD BLDG, 2ND FLOOR - SANTA CRUZ, CA 95064	81-3384530
UPSILON CHAPTER OF KAPPA ALPHA THETA	1012 5TH STREET S.E. - MINNEAPOLIS, MN 55414	41-0345972
ZETA CHI CHAPTER OF KAPPA ALPHA THETA	3301 N. CHARLES ST, CHARLES COMMONS, STE 216 - BALTIMORE, MD 21218	46-3368874
ZETA ETA CHAPTER OF KAPPA ALPHA THETA	429 N. CHURCH STREET, CPO F - SPARTANBURG, SC 29303-3663	57-0876739
ZETA IOTA CHAPTER OF KAPPA ALPHA THETA	4 FRANK PARSONS WAY - LEXINGTON, VA 24450-1787	54-1489157
ZETA LAMBDA CHAPTER OF KAPPA ALPHA THETA	COLLEGE OF CHARLESTON/97 WENTWORTH ANX - CHARLESTON, SC 29424	57-0904066
ZETA MU CHAPTER OF KAPPA ALPHA THETA	350 MEMORIAL DRIVE - CAMBRIDGE, MA 02139	04-3098428
ZETA NU CHAPTER OF KAPPA ALPHA THETA	200 PARKWAY CIRCLE - DAVIS, CA 95616	68-0291571
ZETA OMEGA CHAPTER OF KAPPA ALPHA THETA	1 LMU DR., STUDENT PROG. & LEADERSHIP - LOS ANGELES, CA 90045-2623	95-4839344

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ZETA OMICRON CHAPTER OF KAPPA ALPHA THETA	1834 WAKE FOREST ROAD - CBOX 7243 - WINSTON SALEM, NC 27109	46-2468733
ZETA PHI CHAPTER OF KAPPA ALPHA THETA	CAMPUS LIFE OFFICE, 24255 PACIFIC COAST HWY - MALIBU, CA 90263	91-1829440
ZETA RHO CHAPTER OF KAPPA ALPHA THETA	9500 GILMAN DRIVE, DEPT 0077 - LA JOLLA, CA 92093-0077	31-1469417
ZETA SIGMA CHAPTER OF KAPPA ALPHA THETA	402 W. COLLEGE AVE, UNIT 1077 - ADA, OH 45810	34-1770652
ZETA TAU CHAPTER OF KAPPA ALPHA THETA	301 DAVID HOLLOWELL DRIVE - NEWARK, DE 19717	31-1469420
ZETA THETA CHAPTER OF KAPPA ALPHA THETA	180 CALIFORNIA BLVD - SAN LUIS OBISPO, CA 93405	93-0987363
ZETA UPSILON CHAPTER OF KAPPA ALPHA THETA	800 W. CAMPBELL RD, SU 1.610 - RICHARDSON, TX 75080	31-1469422

**SCHEDULE D**

(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.Open to Public  
Inspection

Name of the organization	KAPPA ALPHA THETA FRATERNITY GROUP RETURN	Employer identification number 36-6135287
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**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements .....	<b>Held at the End of the Tax Year</b>
2a	
2b	
2c	
2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....	
4 Number of states where property subject to conservation easement is located .....	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1 .....	\$ .....
(ii) Assets included in Form 990, Part X .....	\$ .....
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1 .....	\$ .....
b Assets included in Form 990, Part X .....	\$ .....

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

LHA 432051 01-02-25

Schedule D (Form 990) (Rev. 12-2024)

## KAPPA ALPHA THETA FRATERNITY

Schedule D (Form 990) (Rev. 12-2024) GROUP RETURN

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange program  
 e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance .....

d Additions during the year .....

e Distributions during the year .....

f Ending balance .....

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment \_\_\_\_\_ %  
 b Permanent endowment \_\_\_\_\_ %  
 c Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? .....

(ii) Related organizations? .....

	Yes	No
3a(i)		
3a(ii)		
3b		

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.

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....				
1b Buildings .....				
1c Leasehold improvements .....				
1d Equipment .....				
1e Other .....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....

0.

Schedule D (Form 990) (Rev. 12-2024)

## KAPPA ALPHA THETA FRATERNITY

Schedule D (Form 990) (Rev. 12-2024) GROUP RETURN

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**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**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
<b>(1) SECURITY DEPOSITS</b>	<b>2,946,114.</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))</b>	<b>2,946,114.</b>

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
<b>(2) REFUNDABLE DEPOSITS</b>	<b>3,119,603.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))</b>	<b>3,119,603.</b>

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

Schedule D (Form 990) (Rev. 12-2024)

## KAPPA ALPHA THETA FRATERNITY

Schedule D (Form 990) (Rev. 12-2024) GROUP RETURN

36-6135287 Page 4

## Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements .....	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments .....	2a	
b	Donated services and use of facilities .....	2b	
c	Recoveries of prior year grants .....	2c	
d	Other (Describe in Part XIII.) .....	2d	
e	Add lines 2a through 2d .....	2e	
3	Subtract line 2e from line 1 .....	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b .....	4a	
b	Other (Describe in Part XIII.) .....	4b	
c	Add lines 4a and 4b .....	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .....	5	

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

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

1 Total expenses and losses per audited financial statements .....	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities .....	2a	
b Prior year adjustments .....	2b	
c Other losses .....	2c	
d Other (Describe in Part XIII.) .....	2d	
e Add lines 2a through 2d .....	2e	
3 Subtract line 2e from line 1 .....	3	
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	
b Other (Describe in Part XIII.) .....	4b	
c Add lines 4a and 4b .....	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .....	5	

## **Part XIII Supplemental Information**

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

## **SCHEDULE G (Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

## Open to Public Inspection

**Attach to Form 990 or Form 990-EZ.**

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

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

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of nongovernment grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

**Total** .....

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**KAPPA ALPHA THETA FRATERNITY**

Schedule G (Form 990) (Rev. 12-2024) **GROUP RETURN**

**36-6135287 Page 2**

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

		(a) Event #1 VARIOUS CHAPTER FUND (event type)	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(total number)	(total number)	
Revenue	1 Gross receipts .....	236,033.			236,033.
	2 Less: Contributions .....	236,033.			236,033.
	3 Gross income (line 1 minus line 2) .....				
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	113,619.			113,619.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				113,619.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				-113,619.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....				
Direct Expenses	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? \_\_\_\_\_  Yes  No

b If "No," explain: \_\_\_\_\_

\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_  Yes  No

b If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

## KAPPA ALPHA THETA FRATERNITY

Schedule G (Form 990) (Rev. 12-2024) **GROUP RETURN**

36-6135287 Page 3

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility .....

b An outside facility .....

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

**c** If "Yes," enter the name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

## 16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

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Page 10 of 10

Director/officer       Employee       Independent contractor

## 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year      \$

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**Part IV Supplemental Information (continued)**

**SCHEDULE I**  
**(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization	KAPPA ALPHA THETA FRATERNITY GROUP RETURN	Employer identification number 36-6135287
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**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	1 (b) EIN	1 (c) IRC section (if applicable)	1 (d) Amount of cash grant	1 (e) Amount of noncash assistance	1 (f) Method of valuation (book, FMV, appraisal, other)	1 (g) Description of noncash assistance	1 (h) Purpose of grant or assistance
AMERICAN FOUNDATION FOR SUICIDE PREVENTION - 199 WATER STREET 11TH FLOOR - NEW YORK, NY 10038	13-3393329	501(C)(3)	31,137.	0.			CHARITABLE CONTRIBUTION
BOYS AND GIRLS CLUB OF AMERICA 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	13-5562976	501(C)(3)	9,050.	0.			CHARITABLE CONTRIBUTION
CASA OF TARRANT COUNTY 101 SUMMIT AVE, SUITE 505 FORT WORTH, TX 76102	75-1895412	501(C)(3)	78,877.	0.			CHARITABLE CONTRIBUTION
KAPPA ALPHA THETA FOUNDATION 8740 FOUNDERS ROAD INDIANAPOLIS, IN 46268	36-6066531	501(C)(3)	1,488,415.	0.			CHARITABLE CONTRIBUTION
MONROE COUNTY CASA 201 N MORTON ST BLOOMINGTON, IN 47404	26-3994368	501(C)(3)	14,146.	0.			CHARITABLE CONTRIBUTION
ONE LOVE FOUNDATION 44 PONDFIELD ROAD, SUITE 12 BRONXVILLE, NY 10708	27-2904497	501(C)(3)	33,393.	0.			CHARITABLE CONTRIBUTION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 10.

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

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

Schedule I (Form 990) (Rev. 12-2024)

**KAPPA ALPHA THETA FRATERNITY**  
**GROUP RETURN**

Schedule I (Form 990)

36-6135287

Page 1

**Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUTISTIC SELF ADVOCACY NETWORK PO BOX 66122 WASHINGTON, DC 20035	26-1270198	501(C)(3)	17,902.	0.			CHARITABLE CONTRIBUTION
COURT APPOINTED SPECIAL ADVOCATES OF COOK COUNTY - 1100 SOUTH HAMILTON SUITE 8W - CHICAGO , IL 60612	36-4461307	501(C)(3)	5,381.	0.			CHARITABLE CONTRIBUTION
HEART OF MISSOURI CASA 105 E ASH STREET COLUMBIA, MO 65201	20-2408567	501(C)(3)	10,000.	0.			CHARITABLE CONTRIBUTION
VOICES FOR CHILDREN, INC. 8358 MAIN STREET 2ND FLOOR ELICOTT CITY, MD 21043	52-1700254	501(C)(3)	11,749.	0.			CHARITABLE CONTRIBUTION

Schedule I (Form 990)

## KAPPA ALPHA THETA FRATERNITY

Schedule I (Form 990) (Rev. 12-2024) **GROUP RETURN**

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Page 2

### Part III

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

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of noncash assistance

## Part IV

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

PART I, LINE 2:

THE INDIVIDUAL CHAPTER BOARDS ARE RESPONSIBLE FOR THE GRANTING OF FUNDS TO CHARITABLE ORGANIZATIONS.

**SCHEDULE J**  
**(Form 990)**(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service**Compensation Information**

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

OMB No. 1545-0047

**Open to Public Inspection**

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

**Part I Questions Regarding Compensation**

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

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

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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

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

**a** The organization? .....

**b** Any related organization? .....

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 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

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

Schedule J (Form 990) (Rev. 12-2024)

## KAPPA ALPHA THETA FRATERNITY

Schedule J (Form 990) (Rev. 12-2024) GROUP RETURN

36-6135287

Page 2

**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.

## KAPPA ALPHA THETA FRATERNITY

**Schedule J (Form 990) (Rev. 12-2024) GROUP RETURN**

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### 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)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.**Open to Public  
Inspection**

Name of the organization

KAPPA ALPHA THETA FRATERNITY  
GROUP RETURNEmployer identification number  
36-6135287**FORM 990, PART V, LINE 3B:**

THE GROUP RETURN IN TOTAL HAS UNRELATED BUSINESS GROSS INCOME OF \$1,000 OR MORE BUT THE ORGANIZATION IS NOT REQUIRED TO FILE FORM 990-T AT THE GROUP LEVEL.

**FORM 990, PART VI, SECTION A, LINE 6:**

THE ORGANIZATION HAS CONVENTION DELEGATES THAT CAN ELECT MEMBERS OF THE GOVERNING BODY.

**FORM 990, PART VI, SECTION A, LINE 7A:**

THE CONVENTION DELEGATES ELECT THE FRATERNITY'S GOVERNING BODY.

**FORM 990, PART VI, SECTION B, LINE 11B:**

THE FORM 990 WILL BE REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO BEING FILED.

**FORM 990, PART VI, SECTION B, LINE 12:**

THE CENTRAL ORGANIZATION FILING THE GROUP RETURN HAS A CONFLICT OF INTEREST POLICY, WHICH IS REVIEWED ON AN ANNUAL BASIS. HOWEVER, EACH OF THE CHAPTERS INCLUDED IN THE GROUP RETURN DOES NOT HAVE A CONFLICT OF INTEREST POLICY.

**FORM 990, PART VI, SECTION C, LINE 19:**

THE ORGANIZATIONS INCLUDED IN THIS 990 DO NOT MAKE THEIR GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO PUBLIC. THE ORGANIZATIONS' EXEMPTION DOCUMENTS AND TAX RETURNS ARE AVAILABLE UPON REQUEST THROUGH CONTACT OF THE KAPPA ALPHA THETA FRATERNITY.

**FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:**

CHAPTER PROGRAMMING	2,184,278.
OPERATIONS	1,840,374.
FEES	1,701,480.
MEMBER SUPPLIES	1,682,757.
FRATERNITY BILLING	1,425,989.
BANK & CREDIT CARD FEES	1,179,017.
FACILITY FEES	934,656.
MISCELLANEOUS	44,683.
NEWSLETTER	3,330.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	10,996,564.

**FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:**

RESTATEMENT OF NET ASSETS	-3,693.
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## 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.**

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

Name of the organization

KAPPA ALPHA THETA FRATERNITY  
GROUP RETURN

**Employer identification number**  
36-6135287

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

**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.

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

Schedule R (Form 990) (Rev. 1-2025)

## KAPPA ALPHA THETA FRATERNITY

Schedule R (Form 990) (Rev. 1-2025) GROUP RETURN

36-6135287 Page 2

**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.

**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.

## KAPPA ALPHA THETA FRATERNITY

Schedule R (Form 990) (Rev. 1-2025) GROUP RETURN

36-6135287 Page 3

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

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

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

## KAPPA ALPHA THETA FRATERNITY

Schedule R (Form 990) (Rev. 1-2025) **GROUP RETURN**

36-6135287 Page 4

**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.

Schedule R (Form 990) (Rev. 1-2025)

## KAPPA ALPHA THETA FRATERNITY

Schedule R (Form 990) (Rev. 1-2025) **GROUP RETURN**

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## Part VII Supplemental Information

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