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# Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**2025**

**Open to Public Inspection**

**A For the 2025 calendar year, or tax year beginning** JUL 1, 2025 **and ending** JUN 30, 2026

**B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization
KAPPA ALPHA THETA FRATERNITY
GROUP RETURN

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
8740 FOUNDERS ROAD

City or town, state or province, country, and ZIP or foreign postal code
INDIANAPOLIS, IN 46268

**F** Name and address of principal officer: JENNIFER SCHMALTZ
SAME AS C ABOVE

**D Employer identification number**
36-6135287

**E** Telephone number
317-876-1870

**G** Gross receipts $ 44,398,568.

**H(a)** Is this a group return for subordinates? ☒ Yes ☐ No STMT 1

**H(b)** Are all subordinates included? ☒ Yes ☐ No
If "No," attach a list. See instructions

**H(c)** Group exemption number 0154

**I** Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) ( 7 ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**J Website:** WWW.KAPPAALPHATHETA.ORG

**K** Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other | **L** Year of formation: | **M** State of legal domicile:

## Part I Summary

| | | | |
|---|---|---|---|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: THE ADMINISTRATION OF LOCAL CHAPTERS. | | |
| | 2 Check this box ☐ 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) | 3 | 6 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 6 |
| | 5 Total number of individuals employed in calendar year 2025 (Part V, line 2a) | 5 | 143 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 4340 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| | b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. |

| | | Prior Year | Current Year |
|---|---|---|---|
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 1,725,584. | 2,019,312. |
| | 9 Program service revenue (Part VIII, line 2g) | 39,469,166. | 42,366,341. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0. | 12,915. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -113,619. | -100,488. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 41,081,131. | 44,298,080. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 2,038,990. | 2,368,786. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 2,763,877. | 2,731,742. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) 0. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 34,367,443. | 38,811,769. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 39,170,310. | 43,912,297. |
| | 19 Revenue less expenses. Subtract line 18 from line 12 | 1,910,821. | 385,783. |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | 19,058,286. | 20,541,048. |
| | 21 Total liabilities (Part X, line 26) | 7,350,513. | 8,335,516. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 11,707,773. | 12,205,532. |

## 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 — Date

JENNIFER SCHMALTZ, CHIEF EXECUTIVE OFFICER
Type or print name and title

**Paid Preparer Use Only**

| Preparer's name | Preparer's signature | Date | Check if self-employed | PTIN |
|---|---|---|---|---|
| CHRISTINE KEITH, CPA | Christine Keith | 2026.11.03 14:23:44 -05'00' | ☐ | P00963290 |

Firm's name CHERRY BEKAERT ADVISORY LLC — Firm's EIN 88-2730877

Firm's address 9229 DELEGATES ROW STE 250
INDIANAPOLIS, IN 46240 — Phone no. 317-347-5200

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

**Part III Statement of Program Service Accomplishments**

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

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

**Part IV Checklist of Required Schedules**

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

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

| | | | Yes | No |
|---|---|---|---|---|
| 22 | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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 | **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II* | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See 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? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M* | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 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? *If "Yes," complete Schedule R, Part I* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 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)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O | 38 | X | |

**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

| | | | | Yes | No |
|---|---|---|---|---|---|
| 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 | | | |

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

| | | | | Yes | No |
|---|---|---|---|---|---|
| **2a** | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 143 | | |
| **b** | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | X | |
| **3a** | Did the organization have unrelated business gross income of $1,000 or more during the year? | 3a | | X | |
| **b** | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O* | 3b | | | X |
| **4a** | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | | X |
| **b** | If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| **5a** | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | X |
| **b** | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | X |
| **c** | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | |
| **6a** | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X | |
| **b** | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | X | |
| **7** | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| **a** | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | | |
| **b** | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | |
| **c** | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | |
| **d** | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| **e** | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | |
| **f** | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | |
| **g** | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | |
| **h** | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | |
| **8** | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | |
| **9** | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| **a** | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | |
| **b** | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | |
| **10** | **Section 501(c)(7) organizations.** Enter: | | | | |
| **a** | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | 1,168,490. | | |
| **b** | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | 0. | | |
| **11** | **Section 501(c)(12) organizations.** Enter: | | | | |
| **a** | Gross income from members or shareholders | 11a | | | |
| **b** | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| **12a** | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| **b** | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| **13** | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| **a** | Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O. | 13a | | | |
| **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 | | | |
| **c** | Enter the amount of reserves on hand | 13c | | | |
| **14a** | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | X |
| **b** | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O* | 14b | | | |
| **15** | Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | 15 | | | X |
| **16** | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | | X |
| **17** | **Section 501(c)(21) organizations.** 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. | 17 | | | |

**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 |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 6 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 6 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? | 8a | | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O* | 9 | | | X |

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

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

## Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website ☐ Another's website X Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

KAPPA ALPHA THETA FRATERNITY - 317-876-1870
8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) JENNIFER SCHMALTZ | 1.00 | | | | | | | | | |
| CHIEF EXECUTIVE OFFICER | 50.00 | | | X | | | | 0. | 258,347. | 25,074. |
| (2) JEFFREY RISSER | 1.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | 50.00 | | | X | | | | 0. | 198,598. | 16,366. |
| (3) JULIANNE BUTLER | 49.00 | | | | | | | | | |
| CHIEF MARKETING OFFICER | 1.00 | | | X | | | | 0. | 142,048. | 19,156. |
| (4) MINDY MARSHALL | 48.00 | | | | | | | | | |
| CHIEF ADMINISTRATION OFFIC | 2.00 | | | X | | | | 0. | 141,809. | 19,338. |
| (5) MELISSA SHAUB | 40.00 | | | | | | | | | |
| DIRECTOR OF ED & LEAD | 0.00 | | | X | | | | 0. | 139,336. | 18,880. |
| (6) KATHARINE MURPHY | 1.00 | | | | | | | | | |
| ASSOCIATE EXECUTIVE DIRECTOR | 40.00 | | | X | | | | 0. | 117,193. | 24,481. |
| (7) HEATHER DARRING | 49.00 | | | | | | | | | |
| CHIEF INFORMATION OFFICER | 1.00 | | | X | | | | 0. | 103,993. | 26,181. |
| (8) ERICA OCHS | 14.00 | | | | | | | | | |
| PRESIDENT | 0.00 | X | | X | | | | 0. | 0. | 0. |
| (9) LAURA BRIGHT | 5.00 | | | | | | | | | |
| VICE PRESIDENT | 0.00 | X | | X | | | | 0. | 0. | 0. |
| (10) NICOLE FRANK | 5.00 | | | | | | | | | |
| VICE PRESIDENT | 0.00 | X | | X | | | | 0. | 0. | 0. |
| (11) CATHERINE BIBB | 5.00 | | | | | | | | | |
| VICE PRESIDENT | 0.00 | X | | X | | | | 0. | 0. | 0. |
| (12) CYNTHEA YESTAL | 5.00 | | | | | | | | | |
| VICE PRESIDENT | 0.00 | X | | X | | | | 0. | 0. | 0. |
| (13) TJ CONDON | 5.00 | | | | | | | | | |
| VICE PRESIDENT | 0.00 | X | | X | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| **1b Subtotal** | | | | | | | | 0. | 1,101,324. | 149,476. |
| **c Total from continuation sheets to Part VII, Section A** | | | | | | | | 0. | 0. | 0. |
| **d Total (add lines 1b and 1c)** | | | | | | | | 0. | 1,101,324. | 149,476. |

**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 **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | | X |
| **4** | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | X | |
| **5** | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* | | X |

**Section B. Independent Contractors**

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

**Part VIII Statement of Revenue**

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|---|---|---|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 313,822. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 1,705,490. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | $ | | | | |
| | h **Total.** Add lines 1a-1f | | | 2,019,312. | | | |
| Program Service Revenue | | | **Business Code** | | | | |
| | 2a DUES | | 900001 | 19,528,630. | 19528630. | | |
| | b BOARD FEES | | 900001 | 12,574,883. | 12574883. | | |
| | c CHAPTER FEES | | 900001 | 9,778,289. | 9,778,289. | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | 900001 | 484,539. | 484,539. | | |
| | g **Total.** Add lines 2a-2f | | | 42,366,341. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 12,915. | 12,915. | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | | | (i) Real / (ii) Personal | | | | |
| | 6a Gross rents | 6a | | | | | |
| | b Less: rental expenses | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | | | (i) Securities / (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory | 7a | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | | | | | |
| | c Gain or (loss) | 7c | | | | | |
| | d Net gain or (loss) | | | | | | |
| | 8a Gross income from fundraising events (not including $ 313,822. of contributions reported on line 1c). See Part IV, line 18 | 8a | 0. | | | | |
| | b Less: direct expenses | 8b | 100,488. | | | | |
| | c Net income or (loss) from fundraising events | | | -100,488. | | | -100,488. |
| | 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| | b Less: direct expenses | 9b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| | 10a Gross sales of inventory, less returns and allowances | 10a | | | | | |
| | b Less: cost of goods sold | 10b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | | **Business Code** | | | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e **Total.** Add lines 11a-11d | | | | | | |
| | 12 **Total revenue.** See instructions | | | 44,298,080. | 42379256. | 0. | -100,488. |

## 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

| *Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.* | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 2,368,786. | | | |
| 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 | 2,488,571. | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 57,597. | | | |
| 10 Payroll taxes | 185,574. | | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 8,369. | | | |
| 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 | 439,834. | | | |
| 14 Information technology | 2,582. | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 8,271,530. | | | |
| 17 Travel | 2,582. | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 378,447. | | | |
| 20 Interest | | | | |
| 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 SOCIAL EVENTS | 6,183,027. | | | |
| b FOOD/KITCHEN | 5,106,346. | | | |
| c NEW MEMBER PROGRAMS | 3,026,762. | | | |
| d PER CAPITA FEE | 2,705,799. | | | |
| e All other expenses SEE SCH O | 12,686,491. | | | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 43,912,297. | | | |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720) | | | | |

**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 | 11,858,510. | 1 | 12,504,248. |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 3,580,692. | 4 | 4,347,435. |
| | 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 | 672,970. | 9 | 670,892. |
| | 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 | 2,946,114. | 15 | 3,018,473. |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 33) | 19,058,286. | 16 | 20,541,048. |
| Liabilities | 17 | Accounts payable and accrued expenses | 650,218. | 17 | 676,453. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 3,580,692. | 19 | 4,347,435. |
| | 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 | 3,119,603. | 25 | 3,311,628. |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 7,350,513. | 26 | 8,335,516. |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.** | | | |
| | 27 | Net assets without donor restrictions | 11,707,773. | 27 | 12,205,532. |
| | 28 | Net assets with donor restrictions | | 28 | |
| | | **Organizations that do not follow FASB ASC 958, check here** ☐ **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 | 11,707,773. | 32 | 12,205,532. |
| | 33 | Total liabilities and net assets/fund balances | 19,058,286. | 33 | 20,541,048. |

## 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 | 44,298,080. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 43,912,297. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 385,783. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 11,707,773. |
| 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 | 111,976. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 12,205,532. |

## 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: ☐ Cash ☒ Accrual ☐ Other _____ 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2b | | X |
| 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. | 2c | | |
| 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? | 3a | | X |
| 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 | 3b | | |

** PUBLIC DISCLOSURE COPY **

**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 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:** | **Section:** |
|---|---|
| Form 990 or 990-EZ | [X] 501(c)( 7 ) (enter number) organization |
| | [ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation |
| | [ ] 527 political organization |
| Form 990-PF | [ ] 501(c)(3) exempt private foundation |
| | [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | [ ] 501(c)(3) taxable private foundation |

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

**General Rule**

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

**Special Rules**

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

[ ] 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).

Name of organization
KAPPA ALPHA THETA FRATERNITY
GROUP RETURN

Employer identification number
36-6135287

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| 1 | | $ 22,320. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |

Name of organization
KAPPA ALPHA THETA FRATERNITY
GROUP RETURN

Employer identification number
36-6135287

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | $ | |
| (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**
36-6135287

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

| (a) No. from 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 |
|---|---|
| | |

| (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 |
|---|---|
| | |

| (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 |
|---|---|
| | |

| (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 |
|---|---|
| | |

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

# Supplemental Financial Statements

**Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
**Attach to Form 990.**
**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public Inspection**

**Name of the organization** KAPPA ALPHA THETA FRATERNITY GROUP RETURN

**Employer identification number** 36-6135287

## 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? ☐ Yes ☐ 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? ☐ Yes ☐ 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).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ 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.

| | | | Held at the End of the Tax Year |
|---|---|---|---|
| a | Total number of conservation easements | 2a | |
| b | Total acreage restricted by conservation easements | 2b | |
| c | Number of conservation easements on a certified historic structure included on line 2a | 2c | |
| d | Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 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? ☐ Yes ☐ 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)? ☐ Yes ☐ 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 $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

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

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

## Part IV Escrow and Custodial Arrangements

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

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

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

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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 | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

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

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

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

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

| | | Yes | No |
|---|---|---|---|
| (i) Unrelated organizations? | 3a(i) | | |
| (ii) Related organizations? | 3a(ii) | | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

## Part VI Land, Buildings, and Equipment

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))* | | | | 0. |

## 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) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (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) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (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 |
|---|---|
| (1) SECURITY DEPOSITS | 3,018,473. |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))* | 3,018,473. |

## Part X Other Liabilities

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

| 1. (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | |
| (2) REFUNDABLE DEPOSITS | 3,311,628. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))* | 3,311,628. |

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

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

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

| | | | | | |
|---|---|---|---|---|---|
| 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.**

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

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

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization KAPPA ALPHA THETA FRATERNITY 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.

| **(i)** Name and address of individual or entity (fundraiser) | **(ii)** Activity | **(iii)** Did fundraiser have custody or control of contributions? Yes | No | **(iv)** Gross receipts from activity | **(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)** | **(vi)** Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| **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.

**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 (event type) | (c) Other events NONE (total number) | (d) Total events (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 313,822. | | | 313,822. |
| | 2 Less: Contributions | 313,822. | | | 313,822. |
| | 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 | 100,488. | | | 100,488. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 100,488. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | -100,488. |

**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 | ☐ Yes_____ % ☐ No | ☐ Yes_____ % ☐ No | ☐ Yes_____ % ☐ 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: _____

**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 | **13a** | % |
| **b** An outside facility | **13b** | % |

**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 _____

☐ 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? ☐ Yes ☐ No

**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 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 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? ..... [X] 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 | (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 noncash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| KAPPA ALPHA THETA FOUNDATION<br>8740 FOUNDERS ROAD<br>INDIANAPOLIS, IN 46268 | 36-6066531 | 501(C)(3) | 1,858,301. | 0. | | | CHARITABLE CONTRIBUTION |
| MONROE COUNTY CASA<br>201 N MORTON ST<br>BLOOMINGTON, IN 47404 | 26-3994368 | 501(C)(3) | 22,320. | 0. | | | CHARITABLE CONTRIBUTION |
| ONE LOVE FOUNDATION<br>14 BANTA CT<br>MAHWAH, NJ 07430 | 85-1790155 | 501(C)(3) | 6,806. | 0. | | | CHARITABLE CONTRIBUTION |
| NATIONAL IMMIGRANT JUSTICE CENTER<br>111 W. JACKSON BLVD, STE 800<br>CHICAGO, IL 60604 | 93-3878636 | 501(C)(3) | 12,046. | 0. | | | CHARITABLE CONTRIBUTIONS |
| PHI KAPPA PSI FOUNDATION<br>5395 EMERSON WAY<br>INDIANAPOLIS, IN 46226 | 36-6130655 | 501(C)(3) | 7,173. | 0. | | | CHARITABLE CONTRIBUTION |
| | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 5.

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

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

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

**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 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

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use | | |
| | ☐ Travel for companions | ☐ Payments for business use of personal residence | | |
| | ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees | | |
| | ☐ Discretionary spending account | ☐ Personal services (such as maid, chauffeur, chef) | | |
| **b** | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| **3** | Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | ☐ Compensation committee | ☐ Written employment contract | | |
| | ☐ Independent compensation consultant | ☐ Compensation survey or study | | |
| | ☐ Form 990 of other organizations | ☐ Approval by the board or compensation committee | | |
| **4** | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| **a** | Receive a severance payment or change-of-control payment? | 4a | | X |
| **b** | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | X |
| **c** | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | **Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.** | | | |
| **5** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| **a** | The organization? | 5a | | |
| **b** | Any related organization? | 5b | | |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| **6** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| **a** | The organization? | 6a | | |
| **b** | Any related organization? | 6b | | |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| **7** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | |
| **8** | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | |
| **9** | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | | |

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) JENNIFER SCHMALTZ | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| CHIEF EXECUTIVE OFFICER | (ii) | 258,347. | 0. | 0. | 12,109. | 12,965. | 283,421. | 0. |
| (2) JEFFREY RISSER | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| CHIEF FINANCIAL OFFICER | (ii) | 198,598. | 0. | 0. | 9,869. | 6,497. | 214,964. | 0. |
| (3) JULIANNE BUTLER | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| CHIEF MARKETING OFFICER | (ii) | 142,048. | 0. | 0. | 6,729. | 12,427. | 161,204. | 0. |
| (4) MINDY MARSHALL | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| CHIEF ADMINISTRATION OFFIC | (ii) | 141,809. | 0. | 0. | 6,655. | 12,683. | 161,147. | 0. |
| (5) MELISSA SHAUB | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| DIRECTOR OF ED & LEAD | (ii) | 139,336. | 0. | 0. | 6,490. | 12,390. | 158,216. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**Part III** **Supplemental Information**

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

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

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.**
**Attach to Form 990 or Form 990-EZ.**
**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization: KAPPA ALPHA THETA FRATERNITY GROUP RETURN

**Employer identification number**: 36-6135287

FORM 990, PART V, LINE 3B:
THE GROUP RETURN IN TOTAL HAS UNRELATED BUSINESS GROSS INCOME OF $1,000 OR MORE BUT THE ORGANIZATION IS NOT REQUIRED TO FILE FORM 990-T AT THE GROUP LEVEL.

FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS CONVENTION DELEGATES THAT CAN ELECT MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7A:
THE CONVENTION DELEGATES ELECT THE FRATNERITY'S GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 WILL BE REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12:
THE CENTRAL ORGANIZATION FILING THE GROUP RETURN HAS A CONFLICT OF INTEREST POLICY, WHICH IS REVIEWED ON AN ANNUAL BASIS. HOWEVER, EACH OF THE CHAPTERS INCLUDED IN THE GROUP RETURN DOES NOT HAVE A CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATIONS INCLUDED IN THIS 990 DO NOT MAKE THEIR GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO PUBLIC. THE ORGANIZATIONS' EXEMPTION DOCUMENTS AND TAX RETURNS ARE AVAILABLE UPON REQUEST THROUGH CONTACT OF THE KAPPA ALPHA THETA FRATERNITY.

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

| | |
|---|---|
| CHAPTER PROGRAMMING | 2,560,402. |
| OPERATIONS | 2,501,094. |
| FEES | 2,044,342. |
| MEMBER SUPPLIES | 1,776,053. |
| FRATERNITY BILLING | 1,413,386. |
| BANK & CREDIT CARD FEES | 1,255,408. |
| FACILITY FEES | 1,077,728. |
| MISCELLANEOUS | 55,341. |
| NEWSLETTER | 2,737. |
| TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A | 12,686,491. |

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

| | |
|---|---|
| RESTATEMENT OF NET ASSETS | 111,976. |

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
| | | | | | |
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**Part II** **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) Section 512(b)(13) controlled entity? No |
|---|---|---|---|---|---|---|---|
| KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION - 26-1430902, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268 | TO PROVIDE HOUSING FOR CHAPTER MEMBERS OF KAPPA ALPHA THETA FRATERNITY | INDIANA | 501(C)(7) | | | | X |
| | | | | | | | |
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| | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
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**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
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**Part V** **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| | | Yes | No |
|---|---|---|---|
| **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 | 1a | | X |
| **b** Gift, grant, or capital contribution to related organization(s) | 1b | | X |
| **c** Gift, grant, or capital contribution from related organization(s) | 1c | | X |
| **d** Loans or loan guarantees to or for related organization(s) | 1d | | X |
| **e** Loans or loan guarantees by related organization(s) | 1e | | X |
| **f** Dividends from related organization(s) | 1f | | X |
| **g** Sale of assets to related organization(s) | 1g | | X |
| **h** Purchase of assets from related organization(s) | 1h | | X |
| **i** Exchange of assets with related organization(s) | 1i | | X |
| **j** Lease of facilities, equipment, or other assets to related organization(s) | 1j | | X |
| **k** Lease of facilities, equipment, or other assets from related organization(s) | 1k | | X |
| **l** Performance of services or membership or fundraising solicitations for related organization(s) | 1l | | X |
| **m** Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | X |
| **n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | X |
| **o** Sharing of paid employees with related organization(s) | 1o | | X |
| **p** Reimbursement paid to related organization(s) for expenses | 1p | | X |
| **q** Reimbursement paid by related organization(s) for expenses | 1q | | X |
| **r** Other transfer of cash or property to related organization(s) | 1r | | X |
| **s** Other transfer of cash or property from related organization(s) | 1s | | X |

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

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

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners sec. 501(c)(3) orgs.? Yes | (e) No | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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**Part VII Supplemental Information**

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

FORM 990 LINE H(B) - LIST OF SUBORDINATE ORGANIZATIONS INCLUDED IN GROUP RETURN STATEMENT 1

| NAME OF ORGANIZATION | ORGANIZATION'S ADDRESS | EMPLOYER ID |
|---|---|---|
| ALPHA CHAPTER OF KAPPA ALPHA THETA | 904 S COLLEGE AVE - GREENCASTLE, IN 46135-1951 | 35-0867562 |
| 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 OMICRON 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 |

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

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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 |

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| 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 |

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| 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 |
| 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 OMICRON 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 |
| ALPHA THETA CHAPTER OF KAPPA ALPHA THETA | 2401 PEARL STREET - AUSTIN, TX 78705 | 74-1135209 |
| ALPHA XI CHAPTER OF KAPPA ALPHA THETA | 655 EAST 11TH AVE. - EUGENE, OR 97401 | 93-0202225 |
| BETA CHAPTER OF KAPPA ALPHA THETA | 441 N. WOODLAWN AVENUE - BLOOMINGTON, IN 47408-3932 | 35-0432050 |
| BETA DELTA CHAPTER OF KAPPA ALPHA THETA | 1050 N. MOUNTAIN AVENUE - TUCSON, AZ 85719 | 86-0031005 |
| BETA EPSILON CHAPTER OF KAPPA ALPHA THETA | 465 NW 23RD STREET - CORVALLIS, OR 97330 | 93-0202220 |
| BETA ETA CHAPTER OF KAPPA ALPHA THETA | 130 SOUTH 39TH STREET - PHILADELPHIA, PA 19104 | 23-2496933 |

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

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| 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 |

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| 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 |
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| 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 |
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| 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 |
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| 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 |
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| 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 |
| 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 |

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| 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 |