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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	2023 calendar year, or tax year beginning $JUL 1, 2023$ and ending	JUN 30, 202	4							
B c	heck if oplicable	C Name of organization KAPPA ALPHA THETA FRATERNITY HOUSING	D Employer ident	tification number							
	Addres										
	Name change	Doing business as	26-1430								
	_return _Final _return/	8740 FOUNDERS ROAD 317-876-1870									
	terminated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	28,100,103.							
	Ameno return	INDIANAPOLIS, IN 40208	H(a) Is this a group	return							
	Application	F Name and address of principal officer: OEFFREI KISSEK	for subordinat	tes? Yes X No							
	pendin	SAME AS C ABOVE	H(b) Are all subordinate	s included? Yes No							
<u> 1 T</u>	ax-exe	empt status: \bigcirc 501(c)(3) \bigcirc 501(c) (\bigcirc 7) (insert no.) \bigcirc 4947(a)(1) or \bigcirc 5	527 If "No," attach	a list. See instructions							
	Vebsit		H(c) Group exemp								
			ear of formation: 2007	M State of legal domicile: IN							
Pa	rt I	Summary									
ø		Briefly describe the organization's mission or most significant activities: TO HOLD !									
Governance		AND PERSONAL PROPERTY TO BE USED FOR HOUSING									
ern		Check this box if the organization discontinued its operations or disposed of m									
ŏ		Number of voting members of the governing body (Part VI, line 1a)		<u>5</u>							
<u>ه</u>		Number of independent voting members of the governing body (Part VI, line 1b)		4 5							
es		Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5 218							
Activities &		Total number of volunteers (estimate if necessary)		6 10							
Act		Total unrelated business revenue from Part VIII, column (C), line 12		295,177.							
	<u>b</u>	Net unrelated business taxable income from Form 990-T, Part I, line 11	7 Prior Year	282,211.							
				Current Year							
ē		Contributions and grants (Part VIII, line 1h)	1,517,088								
ē		Program service revenue (Part VIII, line 2g)	20,743,924								
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	97,157								
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,656,098								
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,014,267								
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>5,527</u> 0								
		Benefits paid to or for members (Part IX, column (A), line 4)	2,298,284	-							
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	144,248	. 131,459.							
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 0 •	144,240	131,433.							
Ë		- · · · · · · · · · · · · · · · · · · ·	21,716,642	. 22,661,086.							
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	24,164,701								
		Revenue less expenses. Subtract line 18 from line 12	2,849,566								
S	19	nevertue less expenses. Subtract line 10 from line 12	Beginning of Current Yea								
ets c	20	Total assets (Part X, line 16)	92,522,233								
Asse Bal	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	63,020,846								
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	29,501,387								
Pa	rt II	Signature Block									
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of	my knowledge and belief, it is							
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knowledge.								
Sigr	1	Signature of officer	Date								
Her		JENNIFER SCHMALTZ, VICE PRESIDENT									
		Type or print name and title									
		Print/Type preparer's name Preparer's signature	Date Check	PTIN							
Paid		CHRISTINE KEITH, CPA	if self-em	P00963290							
Prep	arer	Firm's name CHERRY BEKAERT ADVISORY LLC	Firm's EIN	88-2730877							
Use	Only	Firm's address 9229 DELEGATES ROW STE 250									
_		INDIANAPOLIS, IN 46240	Phone no. 3	17-347-5200							
May	the IF	RS discuss this return with the preparer shown above? See instructions		X Yes No							

KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION 26-1430902 Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO HOLD TITLE TO OR TO RENT REAL AND PERSONAL PROPERTY TO BE USED FOR HOUSING AND MEETING PURPOSES OF COLLEGE CHAPTERS OF KAPPA ALPHA THETA FRATERNITY, INC. FOR THE BENEFIT OF THE FRATERNITY'S MEMBERS. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? _______ Yes X No If "Yes," describe these changes on Schedule O. 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. (Code: _____) (Expenses \$ _ including grants of \$) (Revenue \$ THE ORGANIZATION ADMINISTERS HOUSING AND OPERATIONS AT VARIOUS COLLEGE CAMPUSES AS WELL AS OVERSEES ADMINISTRATION OF HOUSING AND OPERATIONS OF LOCAL HOUSING CORPORATIONS AT VARIOUS COLLEGE CAMPUSES. (Code:) (Expenses \$ including grants of \$) (Revenue \$

С	(Code:) (Expenses \$	including grants of \$) (Revenue \$)

) (Revenue \$

(Expenses \$

Other program services (Describe on Schedule O.)

Total program service expenses

including grants of \$

Form 990 (2023) CORPORATION
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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	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	441		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	Α_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	TTE	- 25	
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	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	21	
ıza	Schedule D. Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization asschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u></u>
~	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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	L
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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	Х	

Form 990 (2023) CORPORATION
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	Х	
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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%			, v
	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	07		x
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	"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		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	-		
	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	Х	L
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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		Х
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	Х	
Par	t 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 138			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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

			Yes	No
2 a	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 218	1	v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1		X
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
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).			
50		5a		Х
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	-		
ou	any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>		
~	were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	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			
е	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 0 • 10a 0 •	-		
		-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders Cross income from ethan courses (Do not not provide a charge courses against	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	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?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2023)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	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	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JEFFREY RISSER - 317-876-1870			
	8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268			

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Form 990 (2023) 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 n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than of					Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				n an	compensation	compensation	amount of
	week		Cer ai	lu a u	recic	Tritus	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		ee Ge	ubeu		1099-NEC)	1099-NEC)	and related
	below	dual t	rtio na	_	oldu	st cor	_	10001120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER SCHMALTZ	5.00									
VICE PRESIDENT	44.80	Х		Х				0.	232,628.	23,404.
(2) JEFFREY RISSER	20.00									
CHIEF FINANCIAL OFFICER	24.80			Х				0.	161,148.	22,058.
(3) TERESA SMITH	40.00	J		l						
EXECUTIVE DIRECTOR		Х		Х		-		0.	117,687.	23,690.
(4) LEAH A. HARTMAN	8.00 4.80	х		х				0.	0.	_
PRESIDENT (5) NICOLE FRANK	4.00	Λ		^				0.	0.	0.
VICE PRESIDENT	4.80	Х		х				0.	0.	0.
(6) KELLIE DICKERSON	4.00	25		23				•	· ·	•
VICE PRESIDENT	4.80	х		x				0.	0.	0.
(7) AIMEE BILLOW FORSYTHE	4.00									
VICE PRESIDENT	4.80	Х		Х				0.	0.	0.
		1								
		<u> </u>								
		1								
		1								
		1								
						-				
		-								
		1								
						_				
						\vdash				
										

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)	—			
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos		l than c	ne	Reportable	Reportable		Es	timate	∍d
	hours per	box	, unle	ss pe	rson i	s both	an	compensation	compensation	n	an	nount	of
	week		cer ar	ia a a	recio	r/trust	ee)	from	from related	- 1		other	
	(list any hours for	Individual trustee or director						the	organizations			pensa	
	related	or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	,C/		om th	
	organizations	ruste	trust		e e	u be u		1099-NEC)	1099-1450)		_	anizat d relat	
	below	dual t	rtiona	_	nploy	st cor	<u>_</u>	100011420)				anizati	
	line)	ndivic	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				0.90		
		_	_		×		_			$\neg \uparrow$			
		1											
										\neg			
										\longrightarrow			
										ightharpoonup			
		-											
									F11 40	+		0 1	
1b Subtotal								0.	511,46		6	9, I	52.
c Total from continuation sheets to Part VI								0.	F11 4C	0.	_	0 1	0.
d Total (add lines 1b and 1c)								0.	511,46		0	9,1	<u>54.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove) wh	o re	eceived more than \$100,	000 of reportable	!			0
compensation from the organization												Yes	No
O Did the consected that the consecutive the consecutive that consecutive the consecutive that consecutive the consecutive the	-Post Alexander and						la tra			П		162	NO
3 Did the organization list any former officer,	-	-	•	•	•		•		•		_		х
line 1a? If "Yes," complete Schedule J for s											3		$\stackrel{\Delta}{\vdash}$
4 For any individual listed on line 1a, is the su											4	х	
and related organizations greater than \$150Did any person listed on line 1a receive or a											_		
rendered to the organization? If "Yes." com	•				•			•	idal loi selvices		5		х
Section B. Independent Contractors	ipiete Scriedule	2 J 10	or st	ICI I	oers	OH .							
Complete this table for your five highest contains the contains t	mnensated inc	lene	nder	nt co	ontra	actor	s th	nat received more than \$	100 000 of comp	ensati	on fro	m	
the organization. Report compensation for										0110001			
(A)				· <u>s</u> ···				(B)			(0	.	
Name and business	address							Description of s	ervices	Cc		nsatio	n
BRAUN AND BUTLER CONSTRUC	TIONS,	30	0					RENOVATIONS/	CONSTRUC				
HAZELWOOD ST, STE 100, LE	•			86	41		- 1	TION		4.	81	6,8'	75.
HAZELWOOD ST, STE 100, LEANDER, TX 78641 TION 4,816,875. CAMPUS COOKS, LLC, 1400 S. WOLF RD, STE													
1400, WHEELING, IL 60090 FOOD SERVICE 4,215,822.													
PHOENIX RENOVATION AND RE	STORATI	ON	,	16	25	0	$\overline{}$	RENOVATIONS/	CONSTRUC				
FOSTER STREET, OVERLAND P			-		_		- 1	TION		2.	37	8,3	30.
FOSTER STREET, OVERLAND PARK, KS 66085 TION 2,378,330. UPPER CRUST FOOD SERVICE, LLC													
2011 CORONA RD, STE 203,		Α,	M	0	65	203	3	FOOD SERVICE		1,	75	7,8	41.
NICOLE ZARR & ASSOCIATES,												-	

940,902.

DESIGN/FURNISHINGS

NORTH, STE 170, HOUSTON, TX 77055

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

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Form 990 (2023) CORPORA
Part VIII Statement of Revenue

			Check if Schedule O c	onta	ains a ı	respons	e or note to any li	ne in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lunction revenue	business revenue	sections 512 - 514
ts Is	1	l a	Federated campaigns			1a					
ran			Membership dues			1b					
E, E		С	Fundraising events			1c					
iifts ar A			Related organizations			1d					
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contributions)									
igis		f	All other contributions, gifts,	grant	ts, and						
but			similar amounts not included	abov	/e	1f	2,529,923				
d dri		g	Noncash contributions included in I	ines 1	1a-1f	1g \$					
аS		h	Total. Add lines 1a-1f					2,529,923.			
							Business Code				
e	2	2 a	HOUSING FEES				900099	21,801,036.	21801036.		
Program Service Revenue		b	HOUSE CORP PROGRAM F	EES	3		900099	2,130,763.	2,130,763.		
Se		С	RENTAL INCOME FROM A	FFI	LIATE	ES	531110	141,600.	141,600.		
eve		d									
og. B		е									
P.		f	All other program service r	eve	nue						
		g	Total. Add lines 2a-2f					24,073,399.			
	3	3	Investment income (includ	ing	divider	nds, inte	rest, and				
		other similar amounts)						295,177.		295,177.	
	4	ŀ	Income from investment of	f tax-exempt bond		pt bond	proceeds				
	5	,									
					(i)	Real	(ii) Personal	_			
	6	a	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6с							
			Net rental income or (loss)		T (2) 0		(") OH				
	7	a	Gross amount from sales of		<u> </u>	ecurities	(ii) Other				
			assets other than inventory	7a							
4		b	Less: cost or other basis				10.003				
her Revenue			and sales expenses	7b			18,083	-			
eve			. ,	7с	•		-18,083	-18,083.			-18,083.
ř.	_		Net gain or (loss)					-10,003.			-10,003.
	5	s a	Gross income from fundraising	ig ev							
δ			including \$	lina		of					
			contributions reported on		•		a				
		h	Part IV, line 18 Less: direct expenses			ہ ا	sb .	-			
			Net income or (loss) from f		lraisino		, D				
	c		Gross income from gaming								
	_	_	Part IV, line 19				ea l				
		b				۔ ا	b				
			Net income or (loss) from g								
	10		Gross sales of inventory, le								
			and allowances				0a				
		b	Less: cost of goods sold				Ob				
			Net income or (loss) from s								
,			· · ·				Business Code				
sno \$	11	l a	GAIN ON CASUALTY LOS	S			900099	1,047,068.	1,047,068.		
ane Duc		b	OTHER INCOME				900099	154,536.	154,536.		
Miscellaneous Revenue		С									
Aisc B		d	All other revenue								
_			Total. Add lines 11a-11d					1,201,604.			
	12	2	Total revenue. See instructio	ns				28,082,020.	25275003.	295,177.	-18,083.

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Form 990 (2023) CORPORATION Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must co	mplete column (A).						
	Check if Schedule O contains a response or note to any line in this Part IX Do not include arrounds any lines Ch. (A) (B) (C) (D)									
	not include amounts reported on lines 6b, 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	5,000.								
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,	100 115								
	trustees, and key employees	132,115.								
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	0 170 057								
7	Other salaries and wages	2,173,257.								
8	Pension plan accruals and contributions (include									
_	section 401(k) and 403(b) employer contributions)	41,015.								
9	Other employee benefits	133,228.								
10	Payroll taxes	133,220.								
11	Fees for services (nonemployees):	22,469.								
a	Management	26,013.								
b	Legal	75,461.								
C A	Accounting	73,401.								
d	Lobbying Professional fundraising services. See Part IV, line 17	131,459.								
f	Investment management fees	11,966.			_					
g	Other. (If line 11g amount exceeds 10% of line 25,	11/3000								
J	column (A), amount, list line 11g expenses on Sch 0.)	16,621.								
12	Advertising and promotion	EC1 022								
13	Office expenses	561,833.								
14	Information technology									
15	Royalties	6,181,525.								
16	Occupancy	100,042.								
17	Travel	100,042.								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	20,392.								
20	Interest	2,687,795.								
21	Payments to affiliates	_,,,								
22	Depreciation, depletion, and amortization	4,167,044.								
23	Insurance	724,410.								
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 0.)									
а	MEAL SERVICE EXPENSE	6,937,689.								
b	CREDIT CARD FEES	527,074.								
С	BAD DEBT EXPENSE	415,398.								
d	STATE & LOCAL TAXES	94,353.								
е	All other expenses	91,001.								
25	Total functional expenses. Add lines 1 through 24e	25,277,160.								
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)				Earm 990 (2022)					

Pai	rt 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
	1	Cash - non-interest-bearing	893,213.	1	2,413,252.
	2	Savings and temporary cash investments	8,059,478.	2	5,233,642.
	3	Pledges and grants receivable, net	655,017.	3	664,705.
	4	Accounts receivable, net	4,840,363.	4	1,899,866.
	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	
ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	13,617.	8	13,617.
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 127,386,714.			
	b		62,883,513.	10c	74,965,257.
	11	Investments - publicly traded securities	1,238,419.	11	1,310,127.
	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	13,938,613.	15	4,415,234.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	92,522,233.	16	90,915,700.
	17	Accounts payable and accrued expenses	3,409,769.	17	543,813.
	18	Grants payable		18	
	19	Deferred revenue	83,042.	19	247,152.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons	FC 2FC 242	22	54 040 006
_	23	Secured mortgages and notes payable to unrelated third parties	56,356,013.	23	54,042,026.
	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	2 172 022		2 010 140
		of Schedule D	3,172,022.		3,018,140.
	26	Total liabilities. Add lines 17 through 25	63,020,846.	26	57,851,131.
ဟ္		Organizations that follow FASB ASC 958, check here			
JCe		and complete lines 27, 28, 32, and 33.	20 046 270	0=	22 200 064
<u>a</u>	27	Net assets without donor restrictions	28,846,370. 655,017.	27	32,399,864. 664,705.
e B	28	Net assets with donor restrictions	033,017.	28	004,703.
ڃَ		Organizations that do not follow FASB ASC 958, check here			
P		and complete lines 29 through 33.		00	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
¥.	31	Retained earnings, endowment, accumulated income, or other funds	29,501,387.	31	33,064,569.
ž	32	Total licitizing and not assets (fund belonged	92,522,233.	32	
	33	Total liabilities and net assets/fund balances	34,344,433.	33	90,915,700.

Form **990** (2023)

Form 990 (2023) CORPORATION 26-1430902 Page **12**

Pa	rt 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	28,08		
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,27	7,10	<u> 50.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	2,80	4,80	<u> 50.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29,50	1,38	<u>87.</u>
5	Net unrealized gains (losses) on investments	5	2	2,60	59 .
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	73	5,6	53.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	33,06	4,50	59.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			ı
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				ı
	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				ı
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

Schedule of Contributors

Schedule B

(Form 990)

Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Internal Revenue Service

KAPPA ALPHA THETA FRATERNITY HOUSING

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Name of the organization

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

Employer identification number

26-1430902

Organization type (check one):

CORPORATION

Filers of:	Section:				
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 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				
Charle if your prescription	a covered by the Conevel Dule or a Special Dule				
	s covered by the General Rule or a Special Rule. (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					
sections 509(a)(1) contributor, during	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.				
contributor, during literary, or educati	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 t year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).					

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

KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$50,000.	Person X Payroll		
(a)	(b)	(c)	(d)		
	Name, address, and ZIP + 4	Total contributions \$ 5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9		\$5,000.	Person X Payroll		
(a)	(b)	(c)	(d)		
No10	Name, address, and ZIP + 4	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11_		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION

Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
13		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
14		5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
15		\$\$	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 16	Name, address, and ZIP + 4	Total contributions 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
17		- - \$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
18		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
19		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
20		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
21		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No. 22	Name, address, and ZIP + 4	\$ 25,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
23		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
24		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION

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		
25		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
26		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
27		\$	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 28	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
29		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
30		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION

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		
31		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
32		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
33		\$1,252,907.	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 34	Name, address, and ZIP + 4	* 425,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
35		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
36		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION

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		
37		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
38		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
39		\$5,000.	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 40	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
41		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
42		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number KAPPA ALPHA THETA FRATERNITY HOUSING

CORPORATION 26-1430902 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 43 X Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Name of organization
KAPPA ALPHA THETA FRATERNITY HOUSING
CORPORATION

Employer identification number
26-1430902

Part II			
(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
		· s	

KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than 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.)				
(a) No. from	Use duplicate copies of Part III if additional s (b) Purpose of gift	pace is needed. (c) Use of gift	(d) Description of how gift is held		
Part I	(b) Fulpose of gift	(c) Ose of gift	(a) Description of now gift is field		
		(e) Transfer of gi	ft		
	Transferee's name, address, an	od 7 ID + 4	Relationship of transferor to transferee		
	iransieree s name, address, an	IU ZIF + 4	nelationship of transferor to transferee		
(a) No.	1				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gi	ft		
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
_					
		(a) Turn of an affini			
		(e) Transfer of gi	π		
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I	(b) Full pose of grit	(c) Use of gift	(u) Description of now gift is field		
	(e) Transfer of gift				
	Transferee's name, address, an	nd 7IP ± 4	Relationship of transferor to transferee		
F	munisione s name, address, an	M = 11 T T	notationismp of transfer to transfer ee		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION

Employer identification number 26-1430902

Pa	organizations waintaining bonor Advised organization answered "Yes" on Form 990, Part IV, line		iiiiiai i uiius (or Accounts. Complete if the
		(a) Donor advised	d 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 v	writing that the assets hel	d in donor advise	ed 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 ad	dvisors in writing that gra	nt funds can be ι	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	y other purpose c	onferring
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes	" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_	
	Preservation of land for public use (for example, recreat	tion 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 qualifi	ied conservation contribu	ition in the form o	f a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	ι	2c
d	Number of conservation easements included on line 2c acqui	red after July 25, 2006, a	nd not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, an	d enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enf	orcing conservati	on easements during the year
8	Does each conservation easement reported on line 2d above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		·	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial stateme	nts that describes the
Da	organization's accounting for conservation easements.	Aut Historical Tree		an Cimilar Assats
Ра	rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	•	asures, or Ou	ier Similar Assets.
10	If the organization elected, as permitted under FASB ASC 958		nuo statamant an	ad balance about works
ıa	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan			·
h	If the organization elected, as permitted under FASB ASC 958			
b		•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in lutthe	erance of public service,
	provide the following amounts relating to these items.			c
	(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 trea			gain, provide
_	the following amounts required to be reported under FASB AS			Φ.
	Revenue included on Form 990, Part VIII, line 1			\$
h				

Par	t III Organizations Maintaining Col	llections of Art	t, Hist	orical Tre	asures, o	r Othe	r Simila	ar Ass	ets (contin	nued)	ago
`	Using the organization's acquisition, accession								•		
	collection items (check all that apply).			•	· ·						
а	Public exhibition	d	ı 🔲	Loan or exc	hange progr	am					
b	Scholarly research	е									
С	Preservation for future generations										
4	Provide a description of the organization's colle	ections and explair	n how th	ney further th	ne organizatio	on's exer	npt purp	ose in P	art XIII.		
5	During the year, did the organization solicit or r	eceive donations o	of art, hi	storical treas	sures, or oth	er similar	assets				
	to be sold to raise funds rather than to be main	tained as part of th	he orgai	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrange								/, line 9, or		
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodian	n, or other intermed	diary for	contribution	s or other as	sets not	included	t			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII an										
									Amoun	t	
С	Beginning balance						. 1c				
d	Additions during the year						. 1d				
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on For								Yes		No
b	If "Yes," explain the arrangement in Part XIII. C										
Par	t V Endowment Funds Complete if the	ne organization ans	wered	"Yes" on For	m 990, Part	IV, line 1	0.				
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three	e years ba	ıck (e) Four	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the currer	nt year end balance	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment%										
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.									
За	Are there endowment funds not in the possess	ion of the organiza	tion tha	at are held ar	nd administe	red for th	e				
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?										
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the or		wment 1	funds.							
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered '	'Yes" on Form 990), Part I\	/, line 11a. S	ee Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o		` '	or other		ccumula		(d) Boo	k valu	е
		basis (investn	nent)		(other)	de	preciatio	n			
1a	Land				8,033.				4,07		
b	Buildings			101,97	7,476.	34,4	470,2	279.	67,50	7,1	97 <u>.</u>
С	Leasehold improvements										
d	Equipment				3,314.		301,9			1,3	
<u>e</u>	Other			17,78	7,891.	15,3	149,1	L80.	2,63		
Total	. Add lines 1a through 1e. (Column (d) must eau	ual Form 990 Part	X line 1	Oc column	(B))				74,96	5,2	57.

	Form 990) 2023 CORPORATIO	N		26-1430902 Page 3
Part VII	Investments - Other Securities			
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description	on of security or category (including name of security	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1) Financial	derivatives			
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments - Program Related.	<u> </u>		
	Complete if the organization answered "Ye	s" 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 o	r end-of-vear market value
(4)	(a) Besonption of investment	(b) Book value	(b) Method of Valuation: Good of	Toria or year market value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
(7)				
(8)				
(9)				
Part IX	must equal Form 990, Part X, line 13, col. (B)) Other Assets			
		- F 000 D+	ddd Ose Ferre 000 Bed V lise df	
	Complete if the organization answered "Ye		11d. See Form 990, Part X, line 15.	(h) Daalaasha
		a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, line 15,	col. (B))		
	Other Liabilities			
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin	
<u>1. </u>	(a) Description of liability			(b) Book value
	ral income taxes			
	TO RELATED ORGANIZAT	IONS		224,554.
	POSITS			1,149,937.
(4) RIG	HT OF USE - LIABILITY			1,643,649.
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, line 25,	col. (B))		3,018,140.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2023 CORPORATION 26 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 26-1430902 Page 4

· ui	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		novende per me	·	
1	Tatal managers and attachment and attachment and attachment.			1	28,801,602.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	, ,
а	Net unrealized gains (losses) on investments	2a	22,669.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		735,653.		
е	Add lines 2a through 2d			2e	758,322.
3	Subtract line 2e from line 1			3	28,043,280.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	0 010		
а	Investment expenses not included on Form 990, Part VIII, line 7b		2,212.		
b	Other (Describe in Part XIII.)	. 4b	36,528.		20 740
c	Add lines 4a and 4b			4c	38,740. 28,082,020.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	5 Retur	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		Expended per i	iotai	•
1	Total expenses and losses per audited financial statements			1	25,238,420.
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				
С	Other losses				
d					
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	25,238,420.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		2,212.		
b	Other (Describe in Part XIII.)	. 4b	36,528.		20 540
	Add lines 4a and 4b			4c	38,740. 25,277,160.
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information			5	25,277,100.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV lines 1h	and 2h: Part V line 4	· Part `	X line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			, r arc /	Λ, πιο Σ, τ αι τ λι,
PAI	RT X, LINE 2:				
	THOUGHNA CORRORATION HAS THAILIAMED MAY RO	GTETOM	N	m	m 3 37
THE	E HOUSING CORPORATION HAS EVALUATED TAX PO	STTTONS	TAKEN IN	THE	TAX
RET	TURNS FILED AND HAS DETERMINED THAT THERE	ARE NO	UNCERTAIN	тах	POSTTTONS
	Oldio I IIII IIII DI IIII DI IIIII IIIII I	111111110	OHOLHIIIH		1001110110
AS	DEFINED BY GENERALLY ACCEPTED ACCOUNTING	STANDAF	RDS.		
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
СП	NICE THE EATH MAINE OF THEFTER DAME DEDINA	TT77E			20 522
Сп	ANGE IN FAIR VALUE OF INTEREST RATE DERIVA	TIAE			29,523.
NET	ASSET CONTRIBUTION FROM DISSOLVED FACILI	TY CORE	PORATIONS		706,130.
					, =
TOT	TAL TO SCHEDULE D, PART XI, LINE 2D				735,653.
יים	OM VI IINE AD OMIED AD THOMASAMO.				
PAL	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
ОТЕ	HER RECONCILING ITEMS				36,528.
					· , · = · ·

Schedule D (Form 990) 2023 CORPORATION	26-1430902 Page 5
Schedule D (Form 990) 2023 CORPORATION Part XIII Supplemental Information (continued)	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
OTHER RECONCILING ITEMS	36,528.

SCHEDULE G (Form 990)

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

QUZJ
Open to Public

Inspection

Name of the organization KAPPA ALPHA THETA FRATERNITY HOUSING Employer identification number CORPORATION 26-1430902 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. X Mail solicitations е Solicitation of non-government grants X Internet and email solicitations f Solicitation of government grants X Phone solicitations Special fundraising events g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) PENNINGTON & COMPANY, INC. -Yes No 501 GATEWAY DRIVE, LAWRENCE Х FUNDRAISING CAMPAIGN 618,166 128,249 489,917. 618,166, 128 249 489 917. 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.

Schedule G (Form 990) 2023

CORPORATION

26-1430902 Page 2

Pa	rt I		_					
_		of fundraising event contributions and gro		EZ, li				ts greater than \$5,000.
			(a) Event #1		(b) Event #2		Other events	(d) Total events (add col. (a) through col. (c))
ę			(event type)		(event type)		(total number)	
Revenue	1	Gross receipts						
	2	Less: Contributions						
_	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
S	5	Noncash prizes						
bense	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
	8	Entertainment						
	9	Other direct expenses	l .					
	10	Direct expense summary. Add lines 4 through						
Da	11 rt	Net income summary. Subtract line 10 from li			D-+ N/ P 40			
Га	1111	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990,	Part IV, line 19, or	repor	ted more than	
		+ · · · · · · · · · · · · · · · · · · ·	() 5:	(b) Pull tabs/instant	Τ,		(d) Total gaming (add
une			(a) Bingo	•	o/progressive bingo	(0	c) Other gaming	col. (a) through col. (c))
Revenue		Cross revenue						
\dashv	<u> </u>	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses				L		
	6	Volunteer labor	Yes % No		Yes % No		Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
		ter the state(s) in which the organization condu	_					Yes No
		he organization licensed to conduct gaming ac No," explain:						. L Yes L NO
	_							
		ere any of the organization's gaming licenses re				year?		Yes No
J		. 50, одран.						

Sch	ledule G (Form 990) 2023 CORPORATION 26	<u>-14309</u>	<u> 102</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	🔲 `	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	a The organization's facility	. 13a		%
	o 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	a 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 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:			
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	L	Yes	└─ No
b	o Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and			
Pa		Part III, line	es 9, 9	∂b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:		
<u>(I</u>) NAME OF FUNDRAISER: PENNINGTON & COMPANY, INC.			
(I) ADDRESS OF FUNDRAISER: 501 GATEWAY DRIVE, LAWRENCE, KS 660	4 9		
<u>\ </u>	, indicate of following the continue of the co			

332083 09-13-23 Schedule G (Form 990) 2023

Schedule G	G (Form 990)	CORPORATION			26-1430902	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continued)				
			 	<u> </u>		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CORPORATI	ON						26-1430902
Part I General Information on Grants a	nd Assistance					_	
Does the organization maintain records criteria used to award the grants or assis							n X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to recipient that received more than to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
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
 Enter total number of section 501(c)(3) a Enter total number of other organization 	-		e line 1 table				

Schedule I (Form 990) 2023

CORPORATION 26-1430902

V Supplemental Information. Provide the information rec					
Supplemental Information. Provide the information recommendation.					
Supplemental Information. Provide the information rec					
Supplemental Information. Provide the information recommendation.					
Supplemental Information. Provide the information rec					
Supplemental Information. Provide the information red					
✓ Supplemental Information. Provide the information red					
V Supplemental Information. Provide the information red					
V Supplemental Information. Provide the information rec					
V Supplemental Information. Provide the information rec					
V Supplemental Information. Provide the information rec					
V Supplemental Information. Provide the information rec					
Supplemental Information. Provide the information rec					
	quired in Part I, lin	ne 2; Part III, columr	n (b); and any other ad	lditional information.	

Schedule I (Form 990) 2023

Page 2

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Questions Regarding Compensation

Department of the Treasury

KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION

Employer identification number 26-1430902

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 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 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 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: X a Receive a severance payment or change-of-control payment? 4a Х **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 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: a The organization? 5a Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. 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. 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 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2023

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	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JENNIFER SCHMALTZ	(i)	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT	(ii)	232,628.	0.	0.	11,052.	12,352.	256,032.	0.
(2) JEFFREY RISSER	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER	(ii)	161,148.	0.	0.	8,138.	13,920.	183,206.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							_
	(ii)							_
	(i)							
	(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.
PART I, LINE 3:
THE ORGANIZATION'S EXECUTIVE DIRECTOR IS COMPENSATED THROUGH KAPPA ALPHA
THETA FRATERNITY. THE ORGANIZATION ALSO USED THE SERVICES OF KAPPA ALPHA
THETA FRATERNITY'S CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER (A
RELATED ORGANIZATION, SEE SCHEDULE R). THE FRATERNITY ESTABLISHES THE
COMPENSATION OF THE CHIEF EXECUTIVE OFFICER USING A COMPENSATION COMMITTEE,
REVIEW OF FORM 990 OF OTHER ORGANIZATIONS, WRITTEN EMPLOYMENT CONTRACT,
COMPENSATION SURVEY/STUDY, AND APPROVAL BY THE COMPENSATION COMMITTEE.

SCHEDULE O (Form 990)

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 the latest information.

QUZ3
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION

Employer identification number 26-1430902

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COLLEGE CHAPTERS OF KAPPA ALPHA THETA FRATERNITY, INC. FOR THE BENEFIT

OF THE FRATERNITY'S MEMBERS.

FORM 990, PART V, LINE 2A:

THE ORGANIZATION REIMBURSES KAPPA ALPHA THETA FRATERNITY FOR THE USE OF

THEIR EMPLOYEES. THE REIMBURSEMENT OF SHARED EMPLOYEES HAS BEEN

PROPERLY REPORTED ON SCHEDULE R, PART V, LINE 1

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

THE RELATED FRATERNITY HAS CONVENTION DELEGATES THAT CAN ELECT MEMBERS OF
THE FRATERNITY'S GOVERNING BODY. THE FRATERNITY'S EXECUTIVE DIRECTOR IS
AUTOMATICALLY ON THE BOARD OF DIRECTORS OF THE ORGANIZATION BY VIRTUE OF
THEIR POSITION ON THE FRATERNITY'S GOVERNING BODY. ONE COUNCIL MEMBER IS
SELECTED BY ALL OF THE COUNCIL AND TWO MEMBERS ARE APPOINTED BY THE
ORGANIZATION'S BOARD OF DIRECTORS.

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

THE RELATED FRATERNITY HAS CONVENTION DELEGATES THAT CAN ELECT MEMBERS OF
THE FRATERNITY'S GOVERNING BODY. THE FRATERNITY'S EXECUTIVE DIRECTOR IS
AUTOMATICALLY ON THE BOARD OF DIRECTORS OF THE ORGANIZATION BY VIRTUE OF
THEIR POSITION ON THE FRATERNITY'S GOVERNING BODY. ONE COUNCIL MEMBER IS
SELECTED BY ALL OF THE COUNCIL AND TWO MEMBERS ARE APPOINTED BY THE
ORGANIZATION'S BOARD OF DIRECTORS.

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION	Employer identification number 26-1430902
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S OFFICERS PR	IOR TO BEING
FILED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION REVIEWS THE POLICY AND ANY CONFLICTS OF I	NTEREST ON AN
ANNUAL BASIS.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION MAKES ITS ANNUAL FORM(S) 990 AND 990-T (I	F APPLICABLE) AND
ITS FORM 1024 AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CO	NFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE	PUBLIC.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
NET ASSET CONTRIBUTION FROM DISSOLVED FACILITY CORPORATION	706,130.
CHANGE IN FAIR VALUE OF INTEREST RATE DERIVATIVE	29,523.
TOTAL TO FORM 990, PART XI, LINE 9	735,653.
FORM 990, PART XII, LINE 2C:	
THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSEEI	
OF ITS FINANCIAL STATEMENTS AS WELL AS SELECTING AN INDEPE	
ACCOUNTANT.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION

Employer identification number 26-1430902

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) (f) (a) (b) (c) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
KAPPA ALPHA THETA FRATERNITY INC -							
36-1305568, 8740 FOUNDERS RD, INDIANAPOLIS,	NATIONAL FRATERNITY						
IN 46268	ORGANIZATION	INDIANA	501(C)(7)				X
ETA LAMBDA FACILITIES CORPORATION OF KAPPA					KAPPA ALPHA THETA		
ALPHA THETA - 51-0513776, 8740 FOUNDERS RD,	1				FRATERNITY		
INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	CALIFORNIA	501(C)(7)		HOUSING	Х	
ZETA IOTA HOUSE CORPORATION OF KAPPA ALPHA					KAPPA ALPHA THETA		
THETA FRATERNITY, INC 47-51780, 8740	1				FRATERNITY		
FOUNDERS RD, INDIANAPOLIS, IN 46268	HOUSE FACILITY CORPORATION	VIRGINIA	501(C)(7)		HOUSING	Х	
KAPPA ALPHA THETA PHI HOUSE CORPORATION -					KAPPA ALPHA THETA		
94-6078694, 8740 FOUNDERS RD, INDIANAPOLIS,	1				FRATERNITY		
IN 46268	HOUSE FACILITY CORPORATION	CALIFORNIA	501(C)(7)		HOUSING	Х	

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

Schedule R (Form 990) 2023

26-1430902

Page 2

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

	, , , , , , , , , , , , , , , , , , ,	,	ı	•							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h) (i)		(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	.5		General	Percentage ownership	
of related organization		(state or foreign	entity	excluded from tax under	income	ne end-of-year assets			20 of Schedule	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
							<u> </u>	l			

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		tion b)(13) rolled tity?
		country						Yes	No

Yes No

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

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

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X	
	Gift, grant, or capital contribution to related organization(s)							
С	c Gift, grant, or capital contribution from related organization(s)							
	Loans or loan guarantees to or for related organization(s)				1d	X		
	Loans or loan guarantees by related organization(s)				1e	Х		
f	Dividends from related organization(s)				1f		Х	
g	Sale of assets to related organization(s)				1g		X	
h	Purchase of assets from related organization(s)				1h		X	
i	Exchange of assets with related organization(s)				1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х	
- 1	Performance of services or membership or fundraising solicitations for related organization	on(s)			11		X	
m	Performance of services or membership or fundraising solicitations by related organization	on(s)			1m		X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X		
О	Sharing of paid employees with related organization(s)				10	Х		
р	Reimbursement paid to related organization(s) for expenses				1p	X		
	Reimbursement paid by related organization(s) for expenses				1q	Х		
r	Other transfer of cash or property to related organization(s)				1r	X		
	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 mu	ust complete this	s line, including covered re	elationships and transaction thresholds.				
	(a)	(b)	(c)	(d)				
		Transaction	Amount involved	Method of determining amount invo	olved			
		type (a-s)						
1)								
2)								
3)								
4)								
5)								
6)								
3216	3 09-28-23			Schedule F	(Forn	n 990)	2023	

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)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000

Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:
NAME OF RELATED ORGANIZATION:
ETA LAMBDA FACILITIES CORPORATION OF KAPPA ALPHA THETA
DIRECT CONTROLLING ENTITY: KAPPA ALPHA THETA FRATERNITY HOUSING
CORPORATION
NAME OF RELATED ORGANIZATION:
ZETA IOTA HOUSE CORPORATION OF KAPPA ALPHA THETA
FRATERNITY, INC.
DIRECT CONTROLLING ENTITY: KAPPA ALPHA THETA FRATERNITY HOUSING
CORPORATION
NAME OF RELATED ORGANIZATION:
KAPPA ALPHA THETA PHI HOUSE CORPORATION
DIRECT CONTROLLING ENTITY: KAPPA ALPHA THETA FRATERNITY HOUSING
CORPORATION