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Form **990** Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
KAPPA ALPHA THETA FRATERNITY
GROUP RETURN

Doing Business As

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

City or town, state or country, and ZIP + 4
INDIANAPOLIS, IN 46268

D Employer identification number
36-6135287

E Telephone number
317-876-1870

G Gross receipts $ 36,360,393.

F Name and address of principal officer ELIZABETH CORRIDAN
SAME AS C ABOVE

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

H(b) Are all affiliates included? ☐ Yes ☒ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0154

I Tax-exempt status ☒ 501(c)(7)◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.KAPPAALPHATHETA.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

M State of legal domicile: IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE ADMINISTRATION OF LOCAL CHAPTERS.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of employees (Part V, line 2a)	5	480
6	Total number of volunteers (estimate if necessary)	6	1514
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	442,925.	535,288.
9	Program service revenue (Part VIII, line 2g)	35,239,724.	35,821,630.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,659.	3,475.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<272,113.>	<356,816.>
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,414,195.	36,003,577.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	297,682.	448,838.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,981,945.	7,040,649.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	27,505,932.	28,560,959.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	34,785,559.	36,050,446.
19	Revenue less expenses Subtract line 18 from line 12	628,636.	<46,869.>

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	5,330,349.	5,184,602.
21	Total liabilities (Part X, line 26)	1,191,176.	1,046,738.
22	Net assets or fund balances Subtract line 21 from line 20	4,139,173.	4,137,864.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 5-3-11

▶ ELIZABETH CORRIDAN
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ B. Nick CPA — Date 4-19-11 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address and ZIP + 4
▶ K. B. PARRISH & CO. LLP
6840 EAGLE HIGHLANDS WAY
INDIANAPOLIS, IN 46254

EIN ▶

Phone no. ▶ (317)347-5200

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
TO ADMINISTER LOCAL CHAPTERS OF THE KAPPA ALPHA THETA FRATERNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ including grants of $) (Revenue $)
SERVICES PROVIDED WERE ORGANIZING AND ADMINISTERING LOCAL CHAPTER ACTIVITIES ON COLLEGE CAMPUSES INCLUDING: HOUSING, ROOM AND BOARD, SOCIAL, RUSH AND OTHER ACTIVITIES.

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶ $**

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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, 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 term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*			
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• 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? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: , No: X)	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
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 in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	480		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		6a		X
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6b		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	823,083.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	0.		
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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 in Schedule O See instructions*

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

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

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

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. Use Schedule J-2 if additional space is needed

- 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 See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

[X] Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
AMY HAYNER KATES VP - COLLEGE	30.00			X				0.	0.	0.
ANNA KATHERINE BUSBY PRESIDENT	20.00			X				0.	0.	0.
MARY ELLEN FITZSIMONDS VP - ALUMNAE	25.00			X				0.	0.	0.
KIMBERLY MORRIS MARTIN VP - PUBLIC RELATIONS	20.00			X				0.	0.	0.
DEBORAH B. ALLEN VP - EDUCATION	20.00			X				0.	0.	0.
SUZANNE GRAF MCLEMORE VP - FINANCE & FACILITIE	30.00			X				0.	0.	0.
JULIE K. GILPIN VP - MEMBERSHIP	20.00			X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization NONE

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII . Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	464,027.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	71,261.			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶	535,288.			
Program Service Revenue		Business Code				
	2a BOARD FEES	900099	17289377.	17289377.		
	b DUES	900099	9,453,699.	9,453,699.		
	c CHAPTER FEES	900099	8,181,318.	8,181,318.		
	d					
	e					
	f All other program service revenue	900099	897,236.	897,236.		
	g **Total.** Add lines 2a-2f	▶	35821630.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	3,475.			3,475.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
	8a Gross income from fundraising events (not including $ 464,027. of contributions reported on line 1c) See Part IV, line 18	a 0.				
	b Less direct expenses	b 356,816.				
	c Net income or (loss) from fundraising events	▶	<356,816.>			<356,816.>
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶				
	12 **Total revenue** See instructions	▶	36003577.	35821630.	0.	<353,341.>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	448,838.			
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,473,034.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	73,132.			
10 Payroll taxes	494,483.			
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	188,417.			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	495,821.			
14 Information technology	9,643.			
15 Royalties				
16 Occupancy	9,674,269.			
17 Travel	47,131.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	266,878.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a FOOD/KITCHEN	4,853,782.			
b SOCIAL EVENTS	3,855,168.			
c OPERATIONS	3,732,362.			
d FACILITY FEES	1,471,911.			
e FEES	1,124,975.			
f All other expenses	2,840,602.			
25 Total functional expenses Add lines 1 through 24f	36,050,446.			
26 Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	4,528,735.	1	4,420,472.
	2	Savings and temporary cash investments	796,922.	2	758,734.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	4,692.	15	5,396.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	5,330,349.	16	5,184,602.
Liabilities	17	Accounts payable and accrued expenses	4,324.	17	4,021.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	38,094.	24	12,089.
	25	Other liabilities Complete Part X of Schedule D	1,148,758.	25	1,030,628.
	26	**Total liabilities.** Add lines 17 through 25	1,191,176.	26	1,046,738.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	4,139,173.	27	4,137,864.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	4,139,173.	33	4,137,864.
	34	Total liabilities and net assets/fund balances	5,330,349.	34	5,184,602.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization KAPPA ALPHA THETA FRATERNITY GROUP RETURN

Employer identification number 36-6135287

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

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

2 Provide the estimated percentage of the year end balance held as

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

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

		Yes	No
(i)	unrelated organizations	3a(i)	
(ii)	related organizations	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

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

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total (Col (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Amount
Federal income taxes	
REFUNDABLE DEPOSITS	1,030,628.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,030,628.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization: KAPPA ALPHA THETA FRATERNITY GROUP RETURN

Employer identification number: 36-6135287

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

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

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

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

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

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a List events with gross receipts greater than $5,000

		(a) Event #1 VARIOUS CHAPTER FUND (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	464,027.			464,027.
	2 Less Charitable contributions	464,027.			464,027.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	356,816.			356,816.
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	(356,816.)
	11 Net income summary Combine line 3, column (d), and line 10			▶	<356,816.>

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary. Combine line 1, column (d), and line 7			▶	

		Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____			
a Is the organization licensed to operate gaming activities in each of these states?	9a		
b If "No," explain			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b If "Yes," explain			
11 Does the organization operate gaming activities with nonmembers?	11		
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?	12		

			Yes	No
13 Indicate the percentage of gaming activity operated in				
a The organization's facility	**13a**	%		
b An outside facility	**13b**	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		**15a**		
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				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		**17a**		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization KAPPA ALPHA THETA FRATERNITY GROUP RETURN

Employer identification number 36-6135287

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KAPPA ALPHA THETA FOUNDATION 8740 FOUNDERS ROAD INDIANAPOLIS, IN 46268	36-6066531	501(C)(3)	78,155.	0.			
HEART OF MISSOURI CASA 607 EAST ASH STREET COLUMBIA, MO 65201	20-2408567	501(C)(3)	10,225.	0.			
VOICES FOR CHILDREN CASA 2305 CANYON BLVD, #101 BOULDER, CO 80302-5651	84-0984449	501(C)(3)	7,000.	0.			
CASA OF TRAVIS COUNTY, INC. 7701 N. LAMAR BLVD AUSTIN, TX 78752	74-2369123	501(C)(3)	5,291.	0.			
ALL GOD'S CHILDREN 3308 NE PEERLESS PLACE PORTLAND, OR 97232			11,924.	0.			
DELTA CHI OF KAPPA ALPHA THETA SCHOLARSHIP FUND - P.O. BOX 400314 - CHARLOTTESVILLE, VA 22904	54-0485595		60,000.	0.			TO PROVIDE ASSISTANCE WITH COLLEGE EXPENSES.

2 Enter total number of section 501(c)(3) and government organizations ▶ 4.

3 Enter total number of other organizations ▶ 3.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) 2009**

932101 02-02-10

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: THE INDIVIDUAL CHAPTER BOARDS ARE RESPONSIBLE FOR THE GRANTING OF FUNDS TO CHARITABLE ORGANIZATIONS.

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization KAPPA ALPHA THETA FRATERNITY GROUP RETURN

Employer identification number 36-6135287

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CASA ASSOCIATION 100 W. HARRISON ST. NORTH TOWER SEATTLE, WA 98119	91-1255818		12,962.	0.			

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

Schedule I-1 (Form 990) 2009

932241 02-01-10

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990	2009 Open to Public Inspection

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

FORM 990, PART V, LINE 3B: THE INDIVIDUAL CHAPTERS FILE SEPARATE FORM 990-TS IN ORDER TO REPORT ANY UNRELATED BUSINESS INCOME.

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

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

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

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

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION WILL MAKE EXEMPTION DOCUMENTS AND TAX RETURNS AVAILABLE UPON REQUEST THROUGH CONTACT OF THE KAPPA ALPHA THETA FRATERNITY.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO PUBLIC UPON REQUEST.

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization KAPPA ALPHA THETA FRATERNITY GROUP RETURN

Employer identification number 36-6135287

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION - 26-1430902, 8740 FOUNDERS ROAD, INDIANAPOLIS, IN 46268	TITLE HOLDING, RENTAL AND MANAGEMENT OF LOCAL CHAPTER HOUSING	INDIANA	501(C)(7)		

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

Schedule R (Form 990) 2009

932161
02-04-10

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b		X
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j	X	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n		X
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p		X
q Other transfer of cash or property to other organization(s)	1q	X	
r Other transfer of cash or property from other organization(s)	1r		X

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

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)	KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION	J	134,959.
(2)	KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION	Q	127,219.
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Schedule R (Form 990) 2009

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

NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
SEE ATTACHED LIST OF REPORTING AFFLILIATES		

Kappa Alpha Theta

Chapter Address & Tax ID Listing Report

Chapter Listing 7/1/09-6/30/10

Chapter Number & Name School Name	Chapter Address	Tax ID Number
001 Alpha DePauw University	Kappa Alpha Theta 904 South College Avenue Greencastle, IN 46135	35-0867562
002 Beta Indiana University	Kappa Alpha Theta 441 N. Woodlawn Avenue Bloomington, IN 47408-3932	35-0432050
003 Gamma Butler University	Kappa Alpha Theta 825 W. Hampton Drive Indianapolis, IN 46208	35-0867363
005 Delta Univ. of Illinois	Kappa Alpha Theta 611 East Daniel Street Champaign, IL 61820-6213	37-0359350
009 Eta Univ. of Michigan	Kappa Alpha Theta 1414 Washtenaw Ave. Ann Arbor, MI 48104	38-1375371
011 Iota Cornell University	Kappa Alpha Theta 519 Stewart Avenue Ithaca, NY 14850	16-1164377
012 Kappa Univ. of Kansas	Kappa Alpha Theta 1433 Tennessee Lawrence, KS 66044-3481	48-0543691
014 Gamma deuteron Ohio Wesleyan University	Kappa Alpha Theta 179 W. Winter Street Delaware, OH 43015	31-4389978
015 Mu Allegheny College	Kappa Alpha Theta Allegheny College, Box 178 Meadville, PA 16335	25-6086538
016 Nu Hanover College	Kappa Alpha Theta PO Box 159 Hanover College Hanover, IN 47243	35-1041334
018 Omicron Univ. of Southern California	Kappa Alpha Theta 653 W. 28th Street Los Angeles, CA 90007	95-0890340
019 Pi Albion College	Kappa Alpha Theta@Albion Colleg Campus Programs & Organizations Albion, MI 49224	38-2510011
020 Rho Univ. of Nebraska	Kappa Alpha Theta 1545 'S' Street Lincoln, NE 68508	47-0207480

Kappa Alpha Theta

Chapter Address & Tax ID Listing Report

Chapter Listing 7/1/09-6/30/10

Chapter Number & Name School Name	Chapter Address	Tax ID Number
022 Tau Northwestern University	Kappa Alpha Theta 619 University Place Evanston, IL 60201	36-2191771
023 Upsilon Univ. of Minnesota	Kappa Alpha Theta 1012 5th Street S.E. Minneapolis, MN 55414	41-0345972
024 Phi Univ. of the Pacific	Kappa Alpha Theta 637 President's Drive Stockton, CA 95211	94-1490664
025 Chi Syracuse University	Kappa Alpha Theta 306 Walnut Place Syracuse, NY 13210	15-0354780
026 Psi Univ. of Wisconsin	Kappa Alpha Theta 108 Langdon St. Madison, WI 53703	39-0385840
027 Omega UC Berkeley	Kappa Alpha Theta 2723 Durant Ave. Berkeley, CA 94704	94-1158472
029 Alpha Gamma Ohio State Univ.	Kappa Alpha Theta 1861 Indianola Ave. Columbus, OH 43201	31-4221872
031 Alpha Epsilon Brown University	Kappa Alpha Theta 75 Waterman St., Box 1656 Providence, RI 02912-1168	05-0401170
033 Alpha Eta Vanderbilt University	Kappa Alpha Theta 204 24th Avenue S. Nashville, TN 37212	62-1316998
034 Alpha Theta Univ. of Texas-Austin	Kappa Alpha Theta 2401 Pearl Street Austin, TX 78705	74-1135209
037 Alpha Lambda Univ. of Washington	Kappa Alpha Theta 4521 - 17th Avenue NE Seattle, WA 98105	91-0277810
038 Alpha Mu Univ. of Missouri	Kappa Alpha Theta 603 Kentucky Boulevard Columbia, MO 65201	43-0349100
039 Alpha Nu Univ. of Montana	1020 Gerald Ave. Missoula, MT 59801	81-0230943

Kappa Alpha Theta

Chapter Address & Tax ID Listing Report

Chapter Listing 7/1/09-6/30/10

Chapter Number & Name School Name	Chapter Address	Tax ID Number
041 Alpha Omicron Univ. of Oklahoma	Kappa Alpha Theta 845 Chautauqua Avenue Norman, OK 73069	73-0308390
042 Alpha Pi Univ. of North Dakota	Kappa Alpha Theta 2500 University Ave. Grand Forks, ND 58203	45-0173340
043 Alpha Rho Univ. of South Dakota	Kappa Alpha Theta 725 E. Clark Vermillion, SD 57069	46-0224824
044 Alpha Sigma Washington State Univ	Kappa Alpha Theta 850 NE Monroe St. Pullman, WA 99163	91-0123837
045 Alpha Tau Univ. of Cincinnati	Kappa Alpha Theta 2711 Clifton Ave. Cincinnati, OH 45220	31-0539242
046 Alpha Upsilon Washburn University	SAGL Kappa Alpha Theta 1700 SW College Topeka, KS 66621	48-0291460
047 Alpha Phi Tulane	Kappa Alpha Theta 928 Broadway Avenue New Orleans, LA 70118	72-0804517
048 Alpha Chi Purdue University	Kappa Alpha Theta 607 N Russell St West Lafayette, IN 47906-2826	35-1578646
049 Alpha Psi Lawrence University	Kappa Alpha Theta c/o Sara Brann 711 E Boldt Way SPC 245 Appleton, WI 54911	39-1251208
053 Beta Delta Univ. of Arizona	Kappa Alpha Theta 1050 N. Mountain Avenue Tucson, AZ 85719	86-0031005
054 Beta Epsilon Oregon State Univ	Kappa Alpha Theta 465 NW 23rd Street Corvallis, OR 97330	93-0202220
055 Beta Zeta Oklahoma State Univ.	Kappa Alpha Theta 1323 W. University Avenue Stillwater, OK 74074	73-0308395
056 Beta Eta Univ. of Pennsylvania	Kappa Alpha Theta 130 South 39th Street Philadelphia, PA 19104	23-2496933

Kappa Alpha Theta

Chapter Address & Tax ID Listing Report

Chapter Listing 7/1/09-6/30/10

Chapter Number & Name School Name	Chapter Address	Tax ID Number
057 Beta Theta Univ. of Idaho	Kappa Alpha Theta PO Box 3007 Moscow, ID 83843	82-0200817
058 Beta Iota Univ. of Colorado	Kappa Alpha Theta 1333 University Ave. Boulder, CO 80302	84-0241230
059 Beta Kappa Drake University	Kappa Alpha Theta 1335 - 34th St. Des Moines, IA 50311	42-0351495
060 Beta Lambda College of William & Mary	Kappa Alpha Theta 155 Richmond Road Williamsburg, VA 23185-3627	54-0819839
061 Beta Mu Univ. of Nevada	Kappa Alpha Theta 863 N. Sierra Street Reno, NV 89503	88-0034267
062 Beta Nu Florida State Univ.	Kappa Alpha Theta 510 W. Park Avenue Tallahassee, FL 32301	59-0636363
063 Beta Xi UC Los Angeles	Kappa Alpha Theta 736 Hilgard Avenue Los Angeles, CA 90024	95-0890350
064 Beta Omicron Univ. of Iowa	Kappa Alpha Theta 823 E. Burlington St. Iowa City, IA 52240-5113	42-0351500
065 Beta Pi Michigan State Univ.	Kappa Alpha Theta 303 Oakhill Avenue East Lansing, MI 48823-3243	38-0706010
066 Beta Rho Duke University	Kappa Alpha Theta 07 Bryan Center Box 90840 Durham, NC 27708-0840	56-6086402
067 Beta Sigma Southern Methodist Univ	Kappa Alpha Theta 3108 University Blvd. Dallas, TX 75205	75-0834624
068 Beta Tau Denison University	Kappa Alpha Theta 200 N. Mulberry St. Granville, OH 43023	31-6077958
070 Beta Phi Penn State University	Kappa Alpha Theta 10 Wolf Hall Pollock Commons Are University Park, PA 16802	23-7097425

Kappa Alpha Theta

Chapter Address & Tax ID Listing Report

Chapter Listing 7/1/09-6/30/10

Chapter Number & Name School Name	Chapter Address	Tax ID Number
073 Beta Omega Colorado College	Kappa Alpha Theta 1015 N Nevada Ave Colorado Springs, CO 80903-2469	84-0405198
075 Gamma Delta Univ. of Georgia	Kappa Alpha Theta 338 S. Milledge Avenue Athens, GA 30605-1048	58-0595274
077 Gamma Zeta Univ. of Connecticut	Kappa Alpha Theta U of Connecticut, Husky Village, A2 Storrs Mansfield, CT 06269	51-0243424
079 Gamma Theta Carnegie Mellon Univ.	Kappa Alpha Theta 1077 Morewood Ave Pittsburgh, PA 15213	25-1309163
080 Gamma Iota Univ. of Kentucky	Kappa Alpha Theta 329 Columbia Terrace Lexington, KY 40508	61-0450152
083 Gamma Mu Univ. of Maryland	Kappa Alpha Theta - University of M 7407 Princeton Ave College Park, MD 20740-3304	52-0608426
084 Gamma Nu North Dakota State	Kappa Alpha Theta 1262 12th Street North Fargo, ND 58102	45-0226532
087 Gamma Pi Iowa State Univ.	Kappa Alpha Theta 2239 Knapp Street Ames, IA 50014	42-0681123
088 Gamma Rho UC Santa Barbara	Kappa Alpha Theta 6551 El Colegio Road Goleta, CA 93117	95-3467067
089 Gamma Sigma San Diego State	Kappa Alpha Theta 5720 Montezuma Road San Diego, CA 92115	95-1960218
090 Gamma Tau Univ. of Tulsa	3210 East 5th Place Tulsa, OK 74104	73-6112078
091 Gamma Upsilon Miami University	Kappa Alpha Theta PO Box 848 Oxford, OH 45056-0848	23-7109591
092 Gamma Phi Texas Tech Univ	Kappa Alpha Theta 19 Greek Circle Lubbock, TX 79416-5815	75-6061280

Kappa Alpha Theta

Chapter Address & Tax ID Listing Report

Chapter Listing 7/1/09-6/30/10

Chapter Number & Name School Name	Chapter Address	Tax ID Number
093 Gamma Chi Fresno State Univ	Kappa Alpha Theta 5317 N. Millbrook Avenue Fresno, CA 93710-7315	94-1376051
094 Gamma Psi Texas Christian Univ.	Kappa Alpha Theta TCU Box 296891 Ft. Worth, TX 76129	75-1510946
095 Gamma Omega Auburn	201 Wire Rd. The Village, Box #14 Auburn, AL 36849	23-7094288
096 Delta Delta Whitman College	Kappa Alpha Theta 280 Boyer Ave Walla Walla, WA 99362-2044	36-3195441
097 Delta Epsilon Arizona State Univ	Kappa Alpha Theta #300 739 E. Apache Blvd. Tempe, AZ 85281	86-6030844
098 Delta Zeta Emory University	KAO Emory Univ. Pkg Ctr 605 Asbury Cir, PO MM Atlanta, GA 30322	23-7105000
099 Delta Eta Kansas State Univ	Kappa Alpha Theta 1517 McCain Lane Manhattan, KS 66502	48-0673098
100 Delta Theta Univ. of Florida	Kappa Alpha Theta 715 SW 10th Street Gainesville, FL 32601	59-0968099
101 Delta Iota Univ. of Puget Sound	Kappa Alpha Theta 1119 Wheelock Student Center Tacoma, WA 98416	91-6057588
102 Delta Kappa Louisiana State Univ.	Kappa Alpha Theta - LSU PO Box 25112 Baton Rouge, LA 70894	72-0626670
107 Delta Omicron Univ. of Alabama	Kappa Alpha Theta PO Box 866629 Tuscaloosa, AL 35486-0060	63-0514585
113 Delta Upsilon Eastern Kentucky Univ.	128 Powell Eastern Kentucky Univ. Richmond, KY 40475	61-1060002
114 Delta Phi Clemson University	Kappa Alpha Theta 5454 University Station Clemson, SC 29632-5454	23-7271773

Kappa Alpha Theta

Chapter Address & Tax ID Listing Report

Chapter Listing 7/1/09-6/30/10

Chapter Number & Name School Name	Chapter Address	Tax ID Number
115 Delta Chi Univ. of Virginia	Kappa Alpha Theta 127 Chancellor Street Charlottesville, VA 22903	54-1086861
117 Delta Omega Texas A & M	Kappa Alpha Theta 1503 Athens Drive College Station, TX 77840	74-2107148
118 Epsilon Epsilon Baylor University	Kappa Alpha Theta PO Box 85615 Waco, TX 76798	74-2422871
119 Phi deuteron Stanford University	Kappa Alpha Theta House 585 Cowell Lane Stanford, CA 94305-8512	94-2747663
120 Epsilon Zeta Univ. of Mississippi	Kappa Alpha Theta PO Box 908 University, MS 38677	64-0652494
121 Epsilon Eta Centre College	Kappa Alpha Theta 600 W. Walnut Street Danville, KY 40422	61-0982125
123 Epsilon Iota Westminster College	Kappa Alpha Theta, Westminster C 501 Westminster Ave, CBox 660 Fulton, MO 65251-8660	43-1238588
125 Epsilon Lambda Dickinson College	Kappa Alpha Theta - Dickinson Coll PO Box 1773 Carlisle, PA 17013-2896	23-2237448
126 Epsilon Mu Princeton University	Kappa Alpha Theta PO Box 372 Princeton, NJ 08542-0372	22-2547141
129 Epsilon Omicron Randolph-Macon	Randolph-Macon College - KAO 201 College Avenue Ashland, VA 23005	54-1264288
130 Epsilon Pi Bucknell University	Kappa Alpha Theta Bucknell University Box C3945 Lewisburg, PA 17837	23-2343442
131 Epsilon Rho Lehigh University	Kappa Alpha Theta 39 University Drive - B838 Bethlehem, PA 18015	23-2319235
132 Epsilon Sigma UC Irvine	Kappa Alpha Theta 1014 Arroyo Drive Irvine, CA 92617	33-0087836

Kappa Alpha Theta

Chapter Address & Tax ID Listing Report

Chapter Listing 7/1/09-6/30/10

Chapter Number & Name School Name	Chapter Address	Tax ID Number
133 Epsilon Tau Yale	Kappa Alpha Theta 277 Crown Street New Haven, CT 06511	62-1252143
134 Epsilon Upsilon Columbia University	Kappa Alpha Theta 534 West 114th Street New York, NY 10025-7804	06-1164535
135 Epsilon Phi Univ. of Chicago	5523 S University Ave Apt 1 Chicago, IL 60637-1521	36-3497845
137 Epsilon Psi Univ. of Richmond	Kappa Alpha Theta 28 Westhampton Way Richmond, VA 23173	54-1411448
138 Epsilon Omega Washington & Jefferson	Kappa Alpha Theta 50 S. Lincoln St. Box 1440 Washington, PA 15301-4812	25-1565046
140 Zeta Eta Wofford College	Kappa Alpha Theta/ Wofford Colleg 429 N. Church Street, CPO F Spartanburg, SC 29303-3663	57-0876739
141 Zeta Theta Cal Polytechnic State	Kappa Alpha Theta 180 California Blvd. San Luis Obispo, CA 93405	93-0987363
142 Zeta Iota Washington & Lee	Kappa Alpha Theta 4 Frank Parsons Way Lexington, VA 24450-1787	54-1489157
144 Zeta Lambda College of Charleston	Kappa Alpha Theta-Stern Student C 66 George Street Charleston, SC 29424	57-0904066
145 Zeta Mu MIT	Kappa Alpha Theta 350 Memorial Drive Cambridge, MA 02139	04-3098428
146 Zeta Nu UC Davis	Kappa Alpha Theta 200 Parkway Circle Davis, CA 95616	68-0291571
147 Zeta Xi ~	155 Winthrop Mail Ctr C/O Ellis Bowen, Pres. Zeta Xi Cambridge, MA 02138-7576	04-3177955
150 Zeta Rho UC San Diego	Kappa Alpha Theta - UCSD 9500 Gilman Drive, Dept 0077 La Jolla, CA 92093-0077	31-1469417

Kappa Alpha Theta

Chapter Address & Tax ID Listing Report

Chapter Listing 7/1/09-6/30/10

Chapter Number & Name School Name	Chapter Address	Tax ID Number
151 Zeta Sigma Ohio Northern Univ.	Kappa Alpha Theta 402 W. College Ave, Unit 1077 Ada, OH 45810	34-1770652
152 Zeta Tau Univ. of Delaware	Kappa Alpha Theta 301B David Hollowell Drive Newark, DE 19716	31-1469420
153 Zeta Upsilon Univ. of Texas-Dallas	Kappa Alpha Theta PO Box 830688, SU 21 Richardson, TX 75083-0688	31-1469422
154 Zeta Phi Pepperdine University	Campus Life Office/Kappa Alpha Tl 24255 Pacific Coast Hwy Malibu, CA 90263	91-1829440
157 Zeta Omega Loyola Marymount	Kappa Alpha Theta, Zeta Omega C 1 LMU Dr , Student Prog. & Leader Los Angeles, CA 90045-2623	95-4839344
158 Eta Eta College of Idaho (formerly Albertson)	Kappa Alpha Theta 2112 Cleveland Boulevard Caldwell, ID 83605	82-0525909
159 Eta Theta Univ. of Central Florida	Kappa Alpha Theta PO Box 161760 Orlando, FL 32816-1760	59-3671767
160 Eta Iota Univ. of San Diego	Kappa Alpha Theta - U of San Dieg 5998 Alcala Park, UC 113 San Diego, CA 92110	91-2078836
161 Eta Kappa John Carroll University	Kappa Alpha Theta - John Carroll U 20700 North Park Blvd. University Heights, OH 44118	34-1968556
162 Eta Lambda ~	Kappa Alpha Theta 981 Fremont St. Santa Clara, CA 95050	04-3777901
163 Eta Mu Occidental College	Kappa Alpha Theta c/o: SAC 1600 Campus Road Los Angeles, CA 90041	32-0126362
164 Eta Nu Lake Forest College	Kappa Alpha Theta - LFC 555 N Sheridan Road Lake Forest, IL 60045	33-1104233
165 Eta Xi Quinnipiac University	Kappa Alpha Theta - 275 Mount Ca Box #31 Hamden, CT 06518-1733	20-5477391

Kappa Alpha Theta

Chapter Address & Tax ID Listing Report

Chapter Listing 7/1/09-6/30/10

Chapter Number & Name School Name	Chapter Address	Tax ID Number
166 Eta Omicron Univ. of North Florida	Kappa Alpha Theta 1 UNF Drive Jacksonville, FL 32224	65-1296813
167 Eta Pi Case Western Reserve Univ.	Kappa Alpha Theta 11921 Carlton Road Cleveland, OH 44106	51-0645633
168 Eta Rho James Madison University	Kappa Alpha Theta - 285 Warren S MSC 3518 Harrisonburg, VA 22807	51-0645634
169 Eta Sigma Chapman University	Kappa Alpha Theta - Student L.E.A 1 University Drive Orange, CA 92866	61-1551175

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	KAPPA ALPHA THETA FRATERNITY GROUP RETURN	36-6135287
	Number, street, and room or suite no. If a P.O. box, see instructions. 8740 FOUNDERS ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. INDIANAPOLIS, IN 46268	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ _____
  Telephone No. ▶ _____ FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2009, and ending JUN 30, 2010.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Type or print	Name of exempt organization	Employer identification number
File by the extended due date for filing your return See instructions	KAPPA ALPHA THETA FRATERNITY GROUP RETURN	36-6135287
	Number, street, and room or suite no. If a P O box, see instructions 8740 FOUNDERS ROAD	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. INDIANAPOLIS, IN 46268	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ 8740 FOUNDERS ROAD - INDIANAPOLIS, IN 46268
  Telephone No ▶ 317-876-1870 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0154 If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [X] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2011.

5 For calendar year _____, or other tax year beginning JUL 1, 2009, and ending JUN 30, 2010

6 If the tax year entered in line 5 is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	0.
c	**Balance due.** Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ [signature] Title ▶ CPA Date ▶ 2-15-11