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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form 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.**
▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**

OMB No 1545-1150

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

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

C Name of organization
ALPHA ETA CHAPTER HOUSE ASSOCIATION

Number and street (or P O box, if mail is not delivered to street address) Room/suite
320 WEST OLD WATSON ROAD

City or town, state or province, country, and ZIP or foreign postal code
ST LOUIS, MO 63119

D Employer identification number
36-3544326

E Telephone number
(314) 961-1963

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(7) ◀ (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 105,510

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I.

Revenue	1 Contributions, gifts, grants, and similar amounts received	500	1
	2 Program service revenue including government fees and contracts	105,000	2
	3 Membership dues and assessments		3
	4 Investment income	10	4
	5a Gross amount from sale of assets other than inventory	5a	5c
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6 Gaming and fundraising events		6d
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			
7a Gross sales of inventory, less returns and allowances	7a	7c	
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			
8 Other revenue (describe in Schedule O)		8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	105,510	9	
Expenses	10 Grants and similar amounts paid (list in Schedule O)		10
	11 Benefits paid to or for members		11
	12 Salaries, other compensation, and employee benefits		12
	13 Professional fees and other payments to independent contractors	840	13
	14 Occupancy, rent, utilities, and maintenance	44,793	14
	15 Printing, publications, postage, and shipping		15
	16 Other expenses (describe in Schedule O)	28,548	16
17 Total expenses. Add lines 10 through 16 ▶	74,181	17	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	31,329	18	
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	275,148	19
	20 Other changes in net assets or fund balances (explain in Schedule O)	0	20
	21 Net assets or fund balances at end of year Combine lines 18 through 20	306,477	21

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41, 42a.

42a The organization's books are in care of DAVID J NEIHART Telephone no (816) 968-6800 Located at 9105 DELMAR PRAIRIE VILLAGE, KS ZIP + 4 66207

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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	2017-09-19 Date
L ALAN JENKINS PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name DAVID B HAWKINS	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00084879
Firm's name ▶ RAETZ & HAWKINS PC CPAS			Firm's EIN ▶ 54-1298267		
Firm's address ▶ 128 SOUTH RANDOLPH STREET LEXINGTON, VA 244500916			Phone no (540) 463-7121		

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

Additional Data

Software ID:
Software Version:
EIN: 36-3544326
Name: ALPHA ETA CHAPTER HOUSE ASSOCIATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 OWN, LEASE & MAINTAIN THE ALPHA ETA CHAPTER HOUSE OF KAPPA ALPHA ORDER (Grants \$ 0) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	0

**TY 2016 Transfers Personal Benefits
Contracts Declaration**

Name: ALPHA ETA CHAPTER HOUSE ASSOCIATION

EIN: 36-3544326

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
ALPHA ETA CHAPTER HOUSE ASSOCIATION**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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016**Open to Public Inspection**

Employer identification number

36-3544326

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION DIVIDENDS AMOUNT 10

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 17,281 DESCRIPTION OTHER EXPENSES AMOUNT 27,512 TOTAL TO FORM 990-EZ, LINE 14 44,793

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION INSURANCE AMOUNT 13,647 DESCRIPTION SUPPLIES AMOUNT 161 DESCRIPTION CHARITABLE CONTRIBUTIONS AMOUNT 4,500 DESCRIPTION LANDSCAPING AMOUNT 3,164 DESCRIPTION CLEANING AMOUNT 7,076 TOTAL TO FORM 990-EZ, LINE 16 28,548

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 217,011 END OF YEAR AMOUNT 214,309