

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	16,198	22 15,875
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	16,198	25 15,875
26 Total liabilities (describe in Schedule O).	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	16,198	27 15,875

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? COLLEGIATE SOCIAL FRATERNITY	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
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	
28 See Additional Data Table	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	29a
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
30	30a
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RICHARD BONNOITT	0 00	0	0	0
I				
WILLIAM THOMAS	0 00	0	0	0
II				
BENJAMIN KING	0 00	0	0	0
III				
CORBIN CLEAVES	0 00	0	0	0
IV				
JOHN HEATH	0 00	0	0	0
V				
JAMES STURM	0 00	0	0	0
VI				
WILLIAM NORMAN	0 00	0	0	0
VII				
REYNOLDS FLOWE	0 00	0	0	0
VIII				
WILLIAM FARMER	0 00	0	0	0
IX				

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 questions 33 through 45b regarding organizational activities, financials, and compliance.

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

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

Table with 5 columns: (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 "

Table with 3 columns: (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 2017-10-31 Date
JAMES STURM NUMBER VI Type or print name and title

Paid Preparer Use Only Print/Type preparer's name DAVID B HAWKINS Preparer's signature Date Check 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: 57-6033523

Name: KAPPA ALPHA ORDER
RHO CHAPTER

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 COLLEGIATE SOCIAL FRATERNITY (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: KAPPA ALPHA ORDER
RHO CHAPTER

EIN: 57-6033523

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
KAPPA ALPHA ORDER
RHO CHAPTER**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**

57-6033523

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME KAPPA ALPHA ORDER AFFILIATE ADDRESS P O BOX 1865 LEXINGTON, VA 24450 PU RPOSE OF PAYMENT MEMBER DUES & ASSESSMENTS AMOUNT OF PAYMENT 43,812

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION FOOD & BEVERAGE AMOUNT 22,849 DESCRIPTION ENTERTAINMENT, SOCIAL & BANDS AMOUNT 63,826 DESCRIPTION RUSH & RECRUITMENT AMOUNT 3,814 DESCRIPTION CHARITY & PHILANTHROPY AMOUNT 6,277 DESCRIPTION IFC & INTRAMURALS AMOUNT 794 DESCRIPTION SUPPLIES AMOUNT 1,552 DESCRIPTION TRAVEL AMOUNT 263 DESCRIPTION COMPOSITE AMOUNT 1,100 DESCRIPTION PROVINCE COUNCILS, CONVENTION & MEETINGS EXPENSES AMOUNT 861 TOTAL TO FORM 990-EZ, LINE 16 101,336