

Form **990EZ**

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.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest information.

OMB No 1545-1150

**2018**

**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019**

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

<b>C Name of organization</b> ALPHA ETA CHAPTER HOUSE ASSOCIATION	
Number and street (or P O box, if mail is not delivered to street address) 320 WEST OLD WATSON ROAD	Room/suite
City or town, state or province, country, and ZIP or foreign postal code ST LOUIS, MO 63119	

<b>D Employer identification number</b> 36-3544326
<b>E Telephone number</b> (314) 961-1963
<b>F Group Exemption Number</b> ▶

**G**  Check  if the organization is **not**

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



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, description, 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, and 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, description, 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, description, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, and 45b.

		Yes	No
<b>46</b>	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 . . . . .		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
<b>47</b>	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 . . . . .		
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		
<b>49b</b>	If "Yes," was the related organization a section 527 organization? . . . . .		

**50** Complete the table for the . . . . .

## 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.)	
<b>28</b> 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>	<b>28a</b>	0

**TY 2018 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**

**Supplemental Information to Form 990 or 990-F7**

OMB No 1545-0047

The main body of the form is almost entirely obscured by a large, solid black redaction box. Only a few thin horizontal lines are visible, suggesting the presence of a table or form structure that has been completely hidden.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 24,637 DESCRIPTION OTHER EXPENSES AMOUNT 8,223 TOTAL TO FORM 990-EZ, LINE 14 32,860

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION INSURANCE AMOUNT 15,135 DESCRIPTION BANK CHARGES AMOUNT 170 DESCRIPTION CHARITABLE CONTRIBUTIONS AMOUNT 3,760 DESCRIPTION LANDSCAPING AMOUNT 1,474 DESCRIPTION CLEANING AMOUNT 11,941 DESCRIPTION CHAPTER SUPPORT AMOUNT 1,080 DESCRIPTION RECRUITMENT AMOUNT 7,000 DESCRIPTION SUPPLIES AMOUNT 339 TOTAL TO FORM 990-EZ, LINE 16 40,899

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION CONSTRUCTION IN PROGRESS BEG OF YEAR AMOUNT 30,859 END OF YEAR AMOUNT 23,954 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 249,450 END OF YEAR AMOUNT 317,068