

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

**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)

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

Open to Public

anon is	4	tao oa tao	or a copy of the folder to ou			Inspection		
A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013								
Вс	heck if	C Name of organization	D Employer identific	ation number				
ap	oplicable	9						
	Addred	BETA THETA PI FRATERNIT	V - BETA DELTA					
늘	Name		I DEIR DEEIR		15 01	536985		
$\vdash$	Jchang ∏!nıtıal				<del></del>			
<u> </u>	_lreturn ∏Termır	Number and street (or P.O box if mail is not delive	Room/suite	· ·				
	Jated	SCIARADDA WALIKER, F.U.	BOX /88		607-2	<u> 272-5550</u>		
	Ameno	City, town, or post office, state, and ZIP code			G Gross receipts \$	328,733.		
	Applic	<sup>a-</sup> ITHACA, NY 14851			H(a) Is this a group re	turn		
	pendir	F Name and address of principal officer WILL	IAM VALLEY		for affiliates?	Yes X No		
		C/O SCIARABBA WALKER & C		ттнас	H(b) Are all affiliates incl			
	'av av		(insert no.) 4947(a)(1)		1 ' '	list (see instructions)		
			(msert no.) 1 4947 (a)(1) 1	01 321	1			
		e: WWW.BETADELTA.ORG			H(c) Group exemption			
_			ciation Other	L Year	of formation: 1839 M	State of legal domicile: NY		
Pa	rt I	Summary						
as	. 1	Briefly describe the organization's mission or most si	gnificant activities SEE	BELOW				
ĕ								
Activities & Governance	2	Check this box   If the organization disconti	nued its operations or dispos	sed of more	than 25% of its net as	sets		
ξ		Number of voting members of the governing body (P			3	8		
မ			•		4	8		
⋖ర		Number of independent voting members of the gove			4			
ies		Total number of individuals employed in calendar yea	ar 2012 (Part V, line 2a)		5	0		
<u>X</u>	6	Total number of volunteers (estimate if necessary)			6	8		
Ç	7 a	Total unrelated business revenue from Part VIII, colu	mn (C), line 12		7a	0.		
~	b	Net unrelated business taxable income from Form 99	90-T, line 34		7b	0.		
					Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		650.	2,170.			
ğ		u	ECEIVED	<u> </u>	328,511.	326,563.		
Revenue		Program service revenue (Part VIII, line 2g)	NA NA	·				
å		Investment income (Part VIII, column (A), Iir 🕄 3, 4, a	PP	<u> </u>	0.	0.		
		Other revenue (Part VIII, column (A), lines 5 60,8c, 9		<u> </u>	0.	0.		
$\Box$	12	Total revenue - add lines 8 through 11 (must equal P	art VIII column (A), line 12)		329,161.	328,733.		
1	13	Grants and sımılar amounts paid (Part IX, cଦ୍ମାumn 🖎)	Hales FS/V, U		39,600.	15,000.		
	14	Benefits paid to or for members (Part IX, column (A),	0.	0.				
<sub>s</sub>		Salaries, other compensation, employee benefits (Pa			0.	0.		
Expenses		Professional fundraising fees (Part IX, column (A), line			0.	0.		
瀀				<u>o.</u>				
ă		Total fundraising expenses (Part IX, column (D), line 2		<del>- ∪ •</del>	006 545	202 010		
_		Other expenses (Part IX, column (A), lines 11a-11d, 1	· · · · · · · · · · · · · · · · · · ·	-	286,545.	303,918.		
	18	Total expenses Add lines 13-17 (must equal Part IX,	column (A), line 25)		326,145.	318,918.		
	19	Revenue less expenses Subtract line 18 from line 12	2		3,016.	9,815.		
Ses				Ве	ginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			93,870.	91,879.		
ABS	21	Total liabilities (Part X, line 26)			64,079.	52,274.		
Net	22	Net assets or fund balances Subtract line 21 from lin	ne 20		29,791.	39,605.		
	irt II	Signature Block			<u> </u>	3370031		
		Ities of perjury, I declare that I have examined this return, in	aludas agas magauna aghadula	o and atatam	anto and to the best of m	throughdon and bolish the		
					•	Knowledge and Deller, it is		
true,	correc	t, and complete. Declaration of preparer (other than officer)	is based on all information of wr	nich preparer	nas any knowledge.	-		
William Vally 8130113								
Sign Signature of officer Date								
Her	Here WILLIAM VALLEY, TREASURER							
		Type or print name and title						
	-	Print/Type preparer's name P	reparer's signature	- 1	Date Check	PTIN		
Paid		CAROLYN AUSTIN	Canda - Day		8-2-13 II self-employe			
						16-1071694		
use	Use Only Firm's address ≥ 200 E BUFFALO ST, SUITE 402							
May	the li	RS discuss this return with the preparer shown above	e? (see instructions)			X Yes No		
2320	01 12-1	0-12 LHA For Paperwork Reduction Act Notice,	see the separate instruction	ons.		Form <b>990</b> (2012)		

Form	990 (2012) BETA THETA PI FRATERNITY - BETA DELTA	15-0536985 Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission	
	TO PROVIDE ROOM, BOARD AND FELLOWSHIP TO MEMBERS OF THE	COLLEGE
	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 X 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 X No
0	If "Yes," describe these changes on Schedule O	163 12110
4	Describe the organization's program service accomplishments for each of its three largest program services, a	no manufad by ovnances
4		• •
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other sections of the section of	iers, the total expenses, and
_	revenue, if any, for each program service reported	
4a		enue \$ )
	TO PROVIDE ROOM, BOARD AND FELLOWSHIP TO MEMBERS OF THE	s COLLEGE
	FRATERNITY.	
4b	(Code) (Expenses \$	enue \$
	- · · · · · · · · · · · · · · · · · · ·	
4c	(Code) (Expenses \$ including grants of \$) (Reve	enue \$)
		<del></del>
4d	Other program services (Describe in Schedule O )	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
<del>40</del>	Total program service expenses ▶	

			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		<u> X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u>
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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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	11d	X	
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	, , , , , , , , , , , , , , , , , , , ,			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	۱		٦,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			٠,,
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			<b>.</b>
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	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	4.		· ·
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	<del></del>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		X
_D	in 165 to line 20a, did the organization attach a copy of its addited financial statements to this return?	_ZUD		(2240)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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 <sup>7</sup> If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? 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)			
а	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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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?			
20	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			7.7
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32_		<u> </u>
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	00		₹.
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<u> </u>
54	Part V, line 1	04		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	SSD		
-	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	30		<del></del>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<i>51</i>		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
			000	(0040)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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 instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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 as charitable contributions?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		
С	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	_		
θ.	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<del></del>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	7h_		-
8	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.	- 0		
	Did the organization make any taxable distributions under section 4966?	9a		
h	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	00		
	Initiation fees and capital contributions included on Part VIII, line 12			1
	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			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)		1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		į	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14 <u>b</u>		
		_	$\Delta \Delta \Delta$	

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

	Check if Schedule O contains a response to any question in this Part VI			$\mathbf{X}$
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   8			
	If there are material differences in voting rights among members of the governing body, or if the governing	]		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	]		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	_		
	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	x	
Ь	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		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		i	
а	The organization's CEO, Executive Director, or top management official	15a		Х
þ	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		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion 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 (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d fınan	cıal	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion.		
	SCIARABBA WALKER & CO 607-272-5550			
	200 RAST BUFFALO STREET TTHACA NY 14850			

Part VII	Comp	ensation of Office	cers Direc	tors	Trustees	Key F	mnlovee	s Highest	Compensated	
Form 990 (	2012)	BETA	THETA I	PI E	RATERN:	ΙΤΥ	- BETA	DELTA	15-0536985	Page 7

Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Check if Schedule O contains a response to any question in this Part VII

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See 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

(A) Name and Title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RYAN GRYZKO	1.00									
PRESIDENT		X		X				0.	0.	0.
(2) AKHIL PATEL	1.00									
VICE PRESIDENT		X		X				0.	0.	0.
(3) MICHAEL RASPUZZI	1.00									
SECRETARY		X		X				0.	0.	0.
(4) WILLIAM VALLEY	1.00									
TREASURER		X		X				0.	0.	0.
(5) MIN JEONG	1.00									
RITUAL HEAD		x						0.	0.	0.
(6) KEVIN DONNELLY	1.00									
RISK MANAGEMENT		x						0.	0.	0.
(7) RICHARD DAVIS	1.00									
EDUCATOR		х	1					0.	0.	0
(8) RORY MCDOWELL	1.00									5
RECRUITMENT		$\mathbf{x}$						0.	0.	0
						-				
				-						
	<del> </del>	$\vdash$	-	_						

Part VIII

		Check if Schedule O cont	ains a response	to any question i	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
र र	1 a	Federated campaigns	1a					0.0,0,01
필	b	Membership dues	1b					
آغ آغ	c	Fundraising events	1c					
iifts ar /	d		1d					
Bj.G	e	Government grants (contribut						
Sign	f	All other contributions, gifts, gran	. ——					
he	•	similar amounts not included abo	1 1	2,170.				
[ 5를	g	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	h				2,170.			
				Business Code				
φ.	2 a	ROOM		721310	160,700.	160,700.		
Š	b	20122		721310	63,800.	63,800.		
\$ ₹	c	DITEC	<del></del>	900099	53,265.	53,265.		
Program Service Revenue	d	OUR OF HOUSE DO	DARD	721310	17,000.	17,000.	-	-
<u>8</u> ~	-	NEW MEMBER BOAR		721310	10,400.	10,400.		
<u>ة</u>	f	All other program service reve		900099	21,398.	21,398.		
İ	a a	Total. Add lines 2a-2f		<b>•</b>	326,563.			
	3	Investment income (including	dividends, intere	est, and	0_0,000			
		other similar amounts)	,	<b>&gt;</b>				
	4	Income from investment of ta	x-exempt bond r	roceeds ►				
	5	Royalties		<b>•</b>			,	
	_	•	(i) Real	(ii) Personal				
	6 a	Gross rents	· ·					
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)		<b>•</b>				
İ	7 a		(i) Securities	(ıi) Other				<u> </u>
		assets other than inventory						
	b							
		and sales expenses		]				
	c	, ,						
	d	Net gain or (loss)		<b></b>				
.	8 a		a events (not					
nue	_	including \$	of					
ě		contributions reported on line		}				
Æ		Part IV, line 18	a					
Other Reven	ь	Less direct expenses	b		į			
0		Net income or (loss) from fund	draising events	<b>•</b>	i			
		Gross income from gaming ac						
		Part IV, line 19	а					
	b	Less direct expenses	b					
		Net income or (loss) from gan	ning activities	<b>&gt;</b>				
		Gross sales of inventory, less	-			_		
		and allowances	а					
i	b	Less cost of goods sold	ь					]
		Net income or (loss) from sale	s of inventory	<b></b>				
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	C							
		All other revenue						
		Total. Add lines 11a-11d		<b>•</b>				
	12	Total revenue See instructions.		. ▶	328,733.	326,563.	0	. 0.

Sect	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must c	omplete column (A)	_
	Check if Schedule O contains a respon	nse to any question in th		<del></del>	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	15,000.			
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				-
	organizations, and individuals outside the				
	United States 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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes		<del> </del>		
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	11,280.	<del></del>		
d	Lobbying				
θ	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				<del> </del>
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses		-		
14	Information technology				
15	Royalties	104 026	<del></del>		
16	Occupancy	104,936.			<del> </del>
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	1,883.	<del>-</del>		
19 20	Conferences, conventions, and meetings Interest	1,003.	<del> </del>		<del> </del>
20 21	Payments to affiliates				<del></del>
22	Depreciation, depletion, and amortization				
23	Insurance	7,440.			
24	Other expenses. Itemize expenses not covered	7,220.			
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	KITCHEN EXPENSE	92,274.			
b	CHAPTER EVENTS	31,959.			
C	DUES AND FEES	21,847.			
d	UNDERGRAD CAPITAL CONTR	15,000.	<del>-</del>		
	All other expenses	17,299.			
25	Total functional expenses Add lines 1 through 24e	318,918.			<del></del>
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (2012) BETA THETA PI FRATERNITY - BETA DELTA 15-0536985 Page 11 Part X | Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 52,723. 65,356. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 1,555. 1,055. 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 8 1,000. 401. Prepaid expenses and deferred charges 9 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 Intangible assets 14 14 26,459. 37,200. 15 Other assets See Part IV, line 11 15 93,870. 91,879. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 579. 16,774. Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 63,500. <u>35,500.</u> Schedule D 25 52,274. 64,079 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

Form 990 (2012)

0.

9,815.

39,605.

91,879.

30

32

33

0. 31

3,018.

29,791

93,870

31

32

33

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

	990 (2012) BETA THETA PI FRATERNITY - BETA DELTA	<u> 15-053</u>	<u>6985                                    </u>	Page <b>12</b>
Pai	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			X
		1 1		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		733.
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,918.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		<u>,815.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29	<u>,791.</u>
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule 0)	9	_	<u>-1.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	39	,605.
Pai	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	• O	1 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,		
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci	nedule O		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ıngle Audit		
	Act and OMB Circular A-133?		За	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
		<del></del>	Form \$	990 (2012)

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

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

➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

BETA THETA PI FRATERNITY - BETA DELTA

Employer identification number

Pa	rt I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	ə 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	• • • • • • • • • • • • • • • • • • •	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part	t IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an histor	rically important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the or	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located 🕨	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	ng the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during the	e year ▶ \$
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(h)(	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes the	organization's accounting for
_	conservation easements		
Pai	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		·
	historical treasures, or other similar assets held for public exh		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, 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		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treatment		aın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
a	Revenues included in Form 990, Part VIII, line 1		<b>S</b>
b	Assets included in Form 990, Part X		▶ \$

		ETA PI FRA					- Circil	15-05	<u>36985</u>	Page 2
3	Using the organization's acquisition, accessi	on, and other record	аѕ, спеск аг	ny of the	following the	at are a si	gnificant	use of its	collection	items
	(check all that apply)		. 🗀.		•					
a	Public exhibition	C			hange progr	ams				
b	Scholarly research	e	Oth	ner						
C	Preservation for future generations					·		_		
4	Provide a description of the organization's co							ose in Par	t XIII	
5	During the year, did the organization solicit of					ner sımılar	assets	_	٦	<u> </u>
Dai	t IV Escrow and Custodial Arran					#NZ . B.A		5 . 11/	_ Yes	No_
<u>r ai</u>	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete ii the or	ganizatio	n answered	"Yes" to	Form 990	, Part IV,	line 9, or	
4-	· · · · · · · · · · · · · · · · · · ·									
ıa	Is the organization an agent, trustee, custod on Form 990, Part X?	ian or other intermed	alary for cor	ıtrıbution	s or other as	ssets not	inciuaea		٦.,	┌┐,,
<b>L</b>	,	and complete the fac	llauma tabi	١				_	」Yes	L No
D	If "Yes," explain the arrangement in Part XIII	and complete the lo	nowing tabl	ι <del>υ</del>					A .	
_	Beginning balance								Amount	
	Additions during the year						1c			
	Distributions during the year						1d			
θ	Ending balance						1e			
f 20	Did the organization include an amount on F	orm 000 Bort V line	. 212				1f		Yes	
	If "Yes," explain the arrangement in Part XIII			ae haan	provided in	Dort VIII			_ Tes	No
Par							<u> </u>			
		(a) Current year	(b) Prior		(c) Two year		( <b>d)</b> Three y	aare hack	(a) Four v	pare back
1a	Beginning of year balance	(a) Ourient year	(D) I TIOI	yeai	(C) TWO year	IIS DACK	u) Illiee y	tais Dack	( <del>e)</del> roury	ears back
b	Contributions			-						
	Net investment earnings, gains, and losses								<u>-</u>	<del></del>
d	Grants or scholarships									
	Other expenditures for facilities									
٠	and programs									
f	Administrative expenses									
	End of year balance									<del></del>
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1a, c	olump (a	)) hold as				<u> </u>	
	Board designated or quasi-endowment	one your one balanc	% %	olumn (a	n noid as					
	Permanent endowment	<del></del>								
	Temporarily restricted endowment ▶ %									
·	The percentages in lines 2a, 2b, and 2c should equal 100%									
3a	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization									
	by					3.0 <b>4</b> 10. t.	io organiz	ation		es No
	(i) unrelated organizations								3a(i)	<del>50   110  </del>
	(ii) related organizations								3a(ii)	_
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule	R?				•	3b	$\neg + \neg$
4	Describe in Part XIII the intended uses of the					•			<u> </u>	
Par	t VI Land, Buildings, and Equipm				•					
	Description of property	(a) Cost or o		(b) Cost	or other	(c) Ac	cumulate	od	(d) Book	value
		basis (investr		basis (			reciation		,,	
1a	Land						<u>.</u>			
b	Buildings									
C	Leasehold improvements									
d	Equipment						•			
<u> </u>	Other									
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (	B), line 1	0(c) )			<b>&gt;</b>		0.

	PI FRATERNIT		LTA 15	<u>-0536985</u>	Page 3
Part VII Investments - Other Securities. Se					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation Cost or end	l-of-year market	value
(1) Financial derivatives					
(2) Closely-held equity interests				<del></del>	
(3) Other				· · · · · · · · · · · · · · · · · · ·	
(A) (B)		<del> </del>	·		
(C)			_		
(D)					
(E)				****	_
(F)					
(G)					
(H)					
(1)				-	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	_				
Part VIII Investments - Program Related. Se					
(a) Description of investment type	(b) Book value	(c) Method of va	aluation Cost or end	l-of-year market	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)			<del>_</del>		
(7)	<u> </u>		<del></del>		
(8)					-
(9) (10)					
Total (Col. (b) must equal Form 990, Part X, col (B) line 13)					
Part IX Other Assets. See Form 990, Part X, line	15	_			
	Description	<del> </del>	· · · · ·	(b) Book va	alue
(1) SECURITY DEPOSITS HELD BY					,000.
(2) DEPOSIT BUYING SERVICES					,200.
(3)					
(4)					
(5)				<u> </u>	
(6)					
(7)					
(8)					
(9)		<del>-</del>			
(10)				2.5	
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X   Other Liabilities. See Form 990, Part X,				37	<u>,200.</u>
(a) Departure of liability	11119 25	(b) Book value			
		(b) Book Value			
(1) Federal income taxes (2) SECURITY DEPOSIT		35,500.			
(3)		33,3001			
(4)					
(5)					
(6)					
(7)					
(8)					
(9)			į		
(10)					
(11)					
Total. (Column (b) must equal Form 990, Part X, col. (B) lin		35,500.			
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the te		-		-	ation's
liability for uncertain tax positions under FIN 48 (ASC )	740) Check here if the to	ext of the footnote has	been provided in Pa	rt XIII	<u> </u>

	t XI Reconciliation of Revenue per Audited Financial Statem			0536985 Page 4
		ichts with nevenue per i		
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	اما		
a	Net unrealized gains on investments	2a	-	
b	Donated services and use of facilities	2b	-	
С	Recoveries of prior year grants	2c	- 1	
d	Other (Describe in Part XIII )	2d	-	
0	Add lines 2a through 2d		2е	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4	
b	Other (Describe in Part XIII )	4b	4	
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		_ 5	
Par	t XII Reconciliation of Expenses per Audited Financial States	ments With Expenses pe	r Retu	r <b>n</b>
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			
а	Donated services and use of facilities	2a	_	
b	Prior year adjustments	2b	_	
C	Other losses	2c	<b>」</b> │	
d	Other (Describe in Part XIII )	2d	<u>ا</u> ا	
е	Add lines 2a through 2d		2е	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pai	rt XIII Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part e 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part			b, Part V, line 4, Part
				-

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

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

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

15-0536985

% ⊠

Xes

▶ Attach to Form 990. BETA DELTA BETA THETA PI FRATERNITY General Information on Grants and Assistance Name of the organization

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?

Part

	V, line 21, for any	(h) Purpose of grant or assistance	VOLUNTARY CONTRIBUTION TO			
	Yes" to Form 990, Par	(g) Description of non-cash assistance	<i>&gt;</i> -			
	janization answered "Y	(f) Method of valuation (book, FMV, appraisal, other)				
States	omplete if the org	(e) Amount of non-cash assistance	0			
int funds in the United Sta	• United States. Conal space is need	(d) Amount of cash grant	15,000.			
onng the use of grant	i Organizations in the be duplicated if additi	(c) IRC section if applicable	501(C)7			
cedures for monit	Governments and	(b) EIN	51-0225722			
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. Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government	CORNELL CORPORATION OF BETA THETA PI - C/O SCIARABBA WALKER & CO LLP. PO BOX 788 - ITHACA, NY 14851			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) (2012)

Page 2 Schedule I (Form 990) (2012) (f) Description of non-cash assistance 15-0536985 Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance BETA THETA PI FRATERNITY - BETA DELTA (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2012) 232102 12-18-12 Part III

## SCHEDULE O

(Form 990 or 990-EZ)

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.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

BETA THETA PI FRATERNITY - BETA DELTA

Employer identification number

DETA THETA PI FRATERNITI - BETA DELLA   15-0550905
FORM 990, PART VI, SECTION A, LINE 6: MEMBERS ARE BROTHERS OF THE
FRATERNITY.
FORM 990, PART VI, SECTION A, LINE 7A: BROTHERS ELECT THE GOVERNING BODY.
FORM 990, PART VI, SECTION A, LINE 7B: BROTHERS VOTE ON ACTIONS OF THE
GOVERNING BOARD
FORM 990, PART VI, SECTION B, LINE 11: RETURN IS SENT TO OFFICER FOR
REVIEW AND DISTRIBUTIONS.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ALL
DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
ROUNDING ADJ -1.