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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)

OMB No 1545-0047

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, C Name of organization Check if applicable D Employer identification number Address change BETA THETA OF BETA THETA PI LTD. Name change 23-7122785 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated C/O SCIARABBA WALKER, PO BOX 788 607-272-5550 Amended City, town, or post office, state, and ZIP code 306,464. G Gross receipts \$ Applica-ITHACA, NY 14851 H(a) Is this a group return pendina F Name and address of principal officer JOHN MCCOY Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? \_lYes [ 7 ) **◄** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.COLGATEBETA.ORG H(c) Group exemption number ▶ Form of organization: X Corporation Trust Association Other > Year of formation: 1880 M State of legal domicile; NY Part I Summary Briefly describe the organization's mission or most significant activities. TO FOSTER FRIENDSHIP AND Activities & Governance BROTHERHOOD ON THE COLGATE UNIVERSITY CAMPUS. Check this box I 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) 12 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 20 5 Total number of volunteers (estimate if necessary) 12 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 56. b Net unrelated business taxable income from Form 990-T, line 34 7b -243. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 0. 9,601. Revenue 272,788 296,807. Program service revenue (Part VIII, line 2g) 56<u>.</u> Investment income (Part VIII, column (A), lines 3, 4, and 7d) 95 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) or and 33,311 0. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 306,194 306,464. SCANNED DEC 1 Grants and similar amounts paid (Part IX, column (A), lines 1,3). 400 10,001. Benefits paid to or for members (Part IX, column (A), line 4). 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 53,673. 60,981. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 185,027. 205,340. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 239,100. 276,322. 67,094. Revenue less expenses Subtract line 18 from line 12 30,142. **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 394,796. 426,332. 13,737. Total liabilities (Part X, line 26) 15,130. 22 381,059. Net assets or fund balances Subtract line 21 from line 20 411,202 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. Signature of officer Date Sign JOHN MCCOY, TREASURER Here Type or print name and title Check Print/Type preparer's name Preparer's signature Paid CAROLYN AUSTIN 10-31-13 P01433679 Firm's name SCIARABBA WALKER & CO., Preparer Firm's EIN 16-1071694 Firm's address 200 E BUFFALO ST, Use Only SUITE 402

ITHACA, NY 14850

LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Phone no. 607-272-5550

X Yes Form **990** (2012)

	rt III   Statement of Program Service Accomplishments
1 4	
1	Check if Schedule O contains a response to any question in this Part III  Briefly describe the organization's mission.
•	SEE BELOW.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations 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 \$)
	TO PROVIDE ROOM, BOARD AND FELLOWSHIP TO MEMBERS OF COLLEGE FRATERNITY.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	/ (Code ) (revelue 4 ) (revelue 4 )
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶

Form 990 (2012) BETA THETA OF BETA THETA PI LTD.

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)?			7.7
•	If "Yes," complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors?	1		X
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		
3	public office? If "Yes," complete Schedule C, Part I	3		x
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		ĺ
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		Х
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			1
	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, VII, 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	44.	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110	_	
Ū	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	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 (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?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		$\mathbf{x}$
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, Parts II and IV	15		х
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, 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,			
	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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	Щ_

Form 990 (2012)

BETA THETA OF BETA THETA PI LTD.

Part IV Checklist of Required Schedules (continued) 23-7122785 Page 4

			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 17 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? 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
þ	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, 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		Х
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_	<u></u>	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)	00-		х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	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	25		
•	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	"		
•	If "Yes," complete Schedule N, Part I	31		х
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		х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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?			
	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 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2012)

Form 990 (2012)

BETA THETA OF BETA THETA PI LTD.

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 re	eportab	le gaming							
	(gambling) winnings to prize winners?			1c	х					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
		2a	20		·					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	*****	2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-		3a		X				
b	b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O									
4a										
b			<i></i>	4a		X				
a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule of 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; or the second of										
5а				5a		Х				
_		ction?		5b		Х				
С				5c						
	· · · · · · · · · · · · · · · · · · ·	ne organ	nization solicit							
				6a		X				
b	·	ions or	aifts							
	·		J	6b	1					
7	• • •									
		rvices pr	ovided to the payor?	7a						
				7b						
		as requ	ıred							
				7c						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	ļ							
		ontract	?	7e	- 1					
f				7f						
a			99 as required?	7g						
•			·	7h						
	·		ľ							
				8	- 1					
9		-								
а	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.									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	8,296.							
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									
а	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						
		1 1								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	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	13b								
С	Enter the amount of reserves on hand	13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b						
					000					

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BETA THETA OF BETA THETA PI LTD.

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 Section 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 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. 12 1b b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 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 4 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No\_ 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 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 X 13 13 Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b 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 X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **NY** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website \_\_\_ Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SCIARABBA WALKER & CO, LLP - 607-272-5550 200 E. BUFFALO ST., ITHACA,

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#### BETA THETA OF BETA THETA PI LTD.

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

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

#### 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.
- 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

Check this box if neither the organization n	orga	ınıza	tion	cor	npei	nsat	ted any current officer, of	current officer, director, or trustee					
(A)	(A) (B)				<b>C)</b>			(D)	(E)	(F)			
Name and Title	Average	l (do		Pos		than	one	Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	amount of			
	week	-	ceran	dad	irecto	or/trus	tee)	from	from related	other			
	(list any	recto						the	organizations	compensation			
	hours for related	or d	s or c			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the			
	organizations	ruste	trus		æ	ubeu		(44-2/1099-141130)		organization and related			
	below	dualt	itiona		oldin	S sc	<b>.</b>			organizations			
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme						
(1) CHRIS WEIR	1.00												
PRESIDENT		X		X				0.	0.	0.			
(2) MICHAEL KRATKY	1.00	-											
VICE PRESIDENT		X		X		ļ		525.	0.	0.			
(3) PETER WITSCHI	1.00												
VICE PRESIDENT	ļ	X		X				0.	0.	0.			
(4) JOHN MCCOY	1.00								_ 1	_			
TREASURER		X		X		ļ		0.	0.	0.			
(5) WILL SOFEN	1.00	ļ							_ :	_			
BOARD MEMBER		X				ļ		0.	0.	0.			
(6) CHRIS NEUMANN	1.00	ļ								_			
BOARD MEMBER	1 00	Х						0.	0.	0.			
(7) TATE DAUGHERTY	1.00	ļ											
BOARD MEMBER		X	<u> </u>		ļ	<u> </u>		0.	0.	0.			
(8) BORIS JOUTOVSHY	1.00	<u> </u>											
BOARD MEMBER	1 00	Х			_			0.	0.	0.			
(9) PHIL STEINBERG	1.00									•			
BOARD MEMBER	1 00	X	-			<u> </u>		0.	0.	0.			
(10) OLIVER HUNT	1.00									•			
BOARD MEMBER	1 00	X				-		0.	0.	0.			
(11) JEREMY LAPTOOK	1.00	<b>.</b> ,								0			
BOARD MEMBER	1 00	X	-					0.	0.	0.			
(12) EVAN ROGERS	1.00	·	ľ					0.		•			
BOARD MEMBER		X	-		<u> </u>	-		0.	0.	0.			
		1											
<del></del> -	<del>                                     </del>	-	-		-	-							
		1											
-	<del> </del>			-	$\vdash$	_				<del></del>			
	<del></del>	1											
						<b>†</b>							
		1											
	1					1							

Form	1 990 (2012) BETA THE									23-71	227	<u>85</u>	Page 8	
rai	T VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one 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 emplayee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C)	from organ and re	nsation n the ization elated zations	
С	Sub-total  Total from continuation sheets to Part V  Total (add lines 1b and 1c)  Total number of individuals (including but r		iose	liste	ed al	bove	b b e) wh	no re	525. 0. 525. eccived more than \$100	0,000 of reportable	0.		0.	
3	Did the organization list any former officer.			e, ke	y er	nplo	yee	, or l	highest compensated e	mployee on		Y	es No	
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportab 0,000? If "Yes,	le co " <i>co</i>	mple	ete S	Sche	edule	e <i>J f</i>	or such individual	•		4	<u>х</u>	
	Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors	nplete Schedul	e <i>J f</i>	or su	uch	pers	son					5	<u> </u>	
1	Complete this table for your five highest countries the organization. Report compensation for (A)	•	•							•	pensat	(C)	m 	
	Name and business	address	NO	INC	3				Description of s	services	Cor	mpensa	ation	

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D)
Revenue excluded from tax under sections 512, 513, or 514 (B) Related or (C) Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b 9,601 c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 9,601 h Total. Add lines 1a-1f Business Code 227,840. 227,840. 2 a BOARD 721310 Program Service Revenue **b** DUES 900099 42,525. 42,525. PRIOR YEAR INCOME 900099 18,146. 18,146. 8,296. FEES 900099 8,296. f All other program service revenue 296,807. Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 56. 56. other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 9,601. of contributions reported on line 1c). See Part IV, line 18 0. b Less direct expenses 0. 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 306,464. 296,807. 56.

Sect	ion 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	se to any question in th			
	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	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	9,601.			
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	400.			
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	525.			
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	53,482.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,974.			
11	Fees for services (non-employees)				
а	Management				
b	Legal				-
С	Accounting	11,425.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	250			
	column (A) amount, list line 11g expenses on Sch O.)	350.		<u> </u>	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	93,044.			
16	Occupancy	33,044.		ļ	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				<del></del>
21	Payments to affiliates			1	
22	Depreciation, depletion, and amortization	250.		<del></del>	
23	Insurance	7,680.			
24	Other expenses, Itemize expenses not covered	. ,			
	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 O.)	65 055		<del> </del>	
	PROGRAM EVENTS	65,055.	<del>.</del>	<del></del>	
b	DUES AND FEES	14,528. 4,991.			
c	NEW MEMBER EDUCATION			<del> </del>	
d		<u>4,047.</u> 3,970.	.,		
	All other expenses	276,322.			
25	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization	4/0,344.			
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here				

Par	t X	Balance Sheet				
		Check if Schedule O contains a response to any	question in this Part X			
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		82,672.	1	242,768.
	2	Savings and temporary cash investments		91,751.	2	91,668.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		219,873.	4	91,896.
	5	Loans and other receivables from current and fo	rmer officers, directors,			
		trustees, key employees, and highest compensa				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualif	ied persons (as defined under			
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of secti				
		employees' beneficiary organizations (see instr)			6	
ets	7	Notes and loans receivable, net		7	·	
Assets	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		250.	9	<u> </u>
	10a	Land, buildings, and equipment cost or other				
		basis. Complete Part VI of Schedule D	10a 2,487.			
	b	Less. accumulated depreciation	10b 2,487.	250.	10c	0.
	11	Investments - publicly traded securities		11		
	12	Investments - other securities See Part IV, line 1	1 .		12	
	13	Investments - program-related See Part IV, line		13	. "	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	394,796.	16	426,332.	
	17	Accounts payable and accrued expenses		1,013.	17	1,614.
	18	Grants payable		18		
	19	Deferred revenue	ļ	·	19	
	20	Tax-exempt bond liabilities .			20	
es	21	Escrow or custodial account liability. Complete F			21	
Liabilities	22	Loans and other payables to current and former				
ja de i		key employees, highest compensated employee	s, and disqualified persons			
		Complete Part II of Schedule L		<u>-</u> -v	22	
	23	Secured mortgages and notes payable to unrela	i i		23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	17-24). Complete Part X of	12,724.	0.5	12 516
		Schedule D		13,737.		13,516. 15,130.
	26	Total liabilities. Add lines 17 through 25	National Daniel		26	15,130.
		Organizations that follow SFAS 117 (ASC 958				
ces		complete lines 27 through 29, and lines 33 an	0 34.		07	
<u>a</u>	27	Unrestricted net assets			27	
Ва	28	Temporarily restricted net assets			28 29	
Ē	29	Permanently restricted net assets	CC 050) shook hore NY		29	
Ę		Organizations that do not follow SFAS 117 (A	SC 958), check here			
Š		and complete lines 30 through 34.		0.	30	0.
set	30	Capital stock or trust principal, or current funds		0.		0.
As	31	Paid-in or capital surplus, or land, building, or eq	•	381,059.	+ +	411,202.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other lunds	381,059.		411,202.
	33	Total includes and not assets (fixed belonges		394,796.		426,332.
	34_	Total liabilities and net assets/fund balances		374,130.	34	Form <b>990</b> (2012)

orm	990 (2012) BETA THETA OF BETA THETA PI LTD.	<u> 43-</u>	·/122/8:	<u> Pa</u>	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
			_		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		)6,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>76,3</u>	
3	Revenue less expenses Subtract line 2 from line 1	3		<u>30,1</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	38	<u>31,0</u>	<u> 159</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 O)	9			1.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<b>4</b> :	<u>L1,2</u>	02.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
				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	0			
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	on a			1
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
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 separate	e basıs	,		
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	,		
	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 Sch	edule C	) <u>.</u>		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dıt		
	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	ired aud	dit		
	or guidte, explain why in Schedule O and describe any steps taken to undergo such audits		3h		

Form **990** (2012)

## **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

**Supplemental Financial Statements** ► 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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	BETA THETA OF BETA	THETA PI LTD.		23-7122785
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds of	or Accor	unts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6		
		(a) Donor advised funds	(b) Fur	nds 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	d 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 a		sed only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring	
	impermissible private benefit? .			Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Par	t IV, line 7	
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an histo	rically imp	ortant land area
	Protection of natural habitat	Preservation of a certifie	ed historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conserv	ation 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	
C	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	e	
	listed in the National Register .		2d	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the o	rganizatio	n during the tax
	year ►			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements duri	ing the yea	ar <b>&gt;</b>
7	Amount of expenses incurred in monitoring, inspecting, and	-	-	\$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?			└── Yes └── No
9	In Part XIII, describe how the organization reports conservation	•		•
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes the	e organiza	tion's accounting for
Da	conservation easements.	4 Art Historical Traceures or Oth	a - Cii	lan Assata
Pai	rt III Organizations Maintaining Collections o		ier Simil	iar Assets.
	Complete if the organization answered "Yes" to Form			
та	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public ex		e or public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	c 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 tre		jain, provid	I <del>U</del>
_	the following amounts required to be reported under SFAS 1	TO (OCE OCA) OF BUILDING (OCE OCA) OF	_	¢
a	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X			\$ \$
IJ	rassis included in FOIII 330, Fall A			Ψ

		ETA OF E							<u> 23-71</u>			<u>ge 2</u>
Par	t III   Organizations Maintaining C	collections of	of Art, Hi	storica	I Tre	asures, e	or Othe	r Simila	<u>ir Asse</u>	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other re	ecords, che	ck any o	f the fo	ollowing tha	at are a sig	ınıfıcant u	ise of its	collectio	n items	š
	(check all that apply)			-								
а	Public exhibition		_ d <u> </u>	_	r excha	ange progra	ams					
b	Scholarly research		e	Other_					_			
С	Preservation for future generations											
4	Provide a description of the organization's co		•	•		-			se in Par	t XIII.		
5	During the year, did the organization solicit of					-	er sımılar	assets		7		,
D	to be sold to raise funds rather than to be ma									Yes		No
Par	t IV Escrow and Custodial Arran		omplete if th	ne organı	ızatıon	answered	"Yes" to F	orm 990,	Part IV,	ine 9, or		
	reported an amount on Form 990, Pa											
1a	Is the organization an agent, trustee, custod	an or other inte	rmediary fo	or contrib	utions	or other as	ssets not i	ncluded		٦		1
	on Form 990, Part X?								<u> </u>	Yes	ليبا	No
р	If "Yes," explain the arrangement in Part XIII	and complete t	ne tollowing	g table:				Г		<b>A</b>		
_	Decimalist balance									Amoun	<u>:</u>	
	Beginning balance							1c				
	Additions during the year Distributions during the year			•	•			1d				
e	Ending balance							1e				
и 2а	Did the organization include an amount on Fe	orm 990 Part Y	line 212					1f		Yes		No
	If "Yes," explain the arrangement in Part XIII.			tion has l	heen n	rovided in	Dart YIII			_ res	H	NO 
Par								)				
		(a) Current ye	1	Prior yea		(c) Two yea	1		ears hack	(e) Four	vears I	nack
1a	Beginning of year balance	_ (u) odnom ye	, (D)	1 1101 900		(C) 1110 Jou	TO DUON (	aj moo y	July Duon	(e) i oui	yours t	Juon
b	Contributions											
c	Net investment earnings, gains, and losses											
ď	Grants or scholarships											
-	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	rent year end b	alance (line	1g, colui	mn (a))	held as						
а	Board designated or quasi-endowment	_	%	_								
b	Permanent endowment	%										
c	Temporarily restricted endowment ▶		%									
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%										
За	Are there endowment funds not in the posse	ession of the org	ganization t	hat are h	eld and	d administe	ered for th	e organiza	ation	_		
	by:										Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations				)					3b	$oldsymbol{\bot}$	
4	Describe in Part XIII the intended uses of the											
Par	t VI Land, Buildings, and Equipm	nent. See Forn	n 990, Part	X, line 10	)							
	Description of property	1 4-7	t or other	, , ,		or other		cumulate	d	(d) Bool	k value	t
		pasis (in	vestment)	b	asis (o	iner)	dep	reciation				
	Land	<u> </u>		+ -								
	Buildings	-		+								
	Leasehold improvements	-		+		107		2 40	7	· ·		
	Equipment	<del>                                     </del>		+		2,487.		2,48	<u> </u>			0.
	Other		Doub V1		l 10	Val 1						
rotal	. Add lines 1a through 1e. (Column (d) must e	<u> yuai romi 990,</u>	raπ λ, coil	umn (8), i	<u>ıme 10</u>	(C).)						0.

Schedule D (Form 990) 2012

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

		Form 990) 2012 BETA THETA OF BETA THETA PI		23-7122785 Page 4	
Par	t XI	Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per R	eturn	
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				
а		realized gains on investments	2a		
b	Donat	ed services and use of facilities	2b	1	
С	Recov	eries of prior year grants	2c	1	
d	Other	(Describe in Part XIII.)	2d	]	
е	Add III	nes 2a through 2d		2e	
3	Subtra	ct line 2e from line 1		3	
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1.			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b	]	
С	Add In	nes <b>4a</b> and <b>4b</b>		4c	
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Par	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total e	xpenses and losses per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donat	ed services and use of facilities			
b	Prior y	ear adjustments	2b		
С	Other	osses	2c	]	
d	Other	Describe in Part XIII.)	2d	]	
e	Add III	es 2a through 2d		2e	
3	Subtra	ct line 2e from line 1		3	
4	Amou	its included on Form 990, Part IX, line 25, but not on line 1			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	]	
b	Other	Describe in Part XIII.)	4b	]	
С	Add lır	es 4a and 4b		4c	
5		xpenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Part XIII 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 K, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.					
· · · · ·					
	_				
Schedule D (Form 990)					

SCHEDULE (Form 990) Department of the Treasury

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

OMB No 1545-0047

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

Open to Public 2012

Schedule ! (Form 990) (2012) % X DRGANIZATION IN PROVIDING **Employer identification number** 23-7122785 N PROGRAM OF FUN, SAFE, Inspection (h) Purpose of grant or assistance AND EDUCATIONAL CAMP Yes 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 TO ASSIST THE 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) o. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 9,601 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table THETA PI LTD (c) IRC section if applicable 501(C)(3) Enter total number of other organizations listed in the line 1 table BETA THETA OF BETA 16-0953500 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization MADISON COUNTY CHILDRENS CAMP or government Name of the organization 2112 WHEELER DRIVE EATON NY 13334 Internal Revenue Service Parti Part

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

232101 12-18-12

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) DEVELOP THE LIFE SKILLS NECESSARY FOR POSITIVE, PRODUCTIVE RELATIONSHIPS WILL HELP CHILDREN ATTENDING THRIVE PHYSICALLY AND EMOTIONALLY, GAIN AN PROVIDING A PROGRAM OF FUN, SAFE, AND EDUCATIONAL CAMP ACTIVITIES THAT UNDERSTANDING OF THEIR IMPORTANCE AND PLACE IN THE COMMUNITY, AND TO (H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST THE ORGANIZATION IN (d) Amount of non-cash assistance FAMILY MEMBERS, AND OTHER ADULTS IN THEIR LIVES (c) Amount of cash grant (b) Number of recipients COLUMN (H): PART II, LINE 1, WITH PEERS,

Page 2

23-7122785

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, Ine 22 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

BETA THETA OF BETA THETA PI LTD

Schedule I (Form 990) (2012)

Part⊞

(f) Description of non-cash assistance

Schedule I (Form 990) (2012)

### **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 Open to Public

► Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service Name of the organization **Employer identification number** BETA THETA OF BETA THETA PI LTD. 23-7122785 FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION IS A COLLEGE FRATERNITY AND HAS MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS ELECT THE GOVERNING BODY. FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS ARE SUBJECT TO THE APPROVAL OF MEMBERS AND ALUMNI. FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11: THE RETURN IS PRESENTED TO THE GOVERNING BODY FOR REVIEW AND DISTRIBUTION. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: ROUNDING ADJ