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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form **990** (2014)

A I	or the	2014 calendar year, or tax year beginning JUL 1, 2014 and ending	JUN 30, 2	2015	
В	Check if	C Name of organization	D Employer	identific	ation number
a	pplicabl				
	Addre	BETA THETA OF BETA THETA PI LTD.	j		
	Name chang		:	23-71	L22785
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/s			
F	Final	C/O SCIARABBA WALKER 410 E UPLAND	, ,		272-5550
	termin		G Gross receipts		317,434.
	Amend		H(a) Is this a	group ret	
┌─	Applic		for subor	•	
	pendir	SAME AS C ABOVE	1		sluded? Yes No
1	ax-exe	empt status: 501(c)(3) _X 501(c) (7) ◀ (insert no.) 4947(a)(1) or			ist. (see instructions)
		e: ► WWW.COLGATEBETA.ORG	H(c) Group ex		
					State of legal domicile: NY
	art I	Summary	- Car O. 10.11114110111	<u> </u>	otato or togal dollarons.
_	1	Briefly describe the organization's mission or most significant activities: TO FOSTE	R FRIENDS	IIP A	AND
Activities & Governance		BROTHERHOOD ON THE COLGATE UNIVERSITY CAMPUS			
Ē		Check this box if the organization discontinued its operations or disposed of i		s net ass	ents
Ver		Number of voting members of the governing body (Part VI, line 1a)	11010 111011 2070 01 11	3	Δ.
ဗိ	ľ	Number of independent voting members of the governing body (Part VI, line 1b)		4	<u>_</u>
ళ	1	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	$\frac{1}{24}$
ij		Total number of volunteers (estimate if necessary)		6	4
ŧ	ſ	Total unrelated business revenue from Part VIII, column (C), line 12	** ****	7a	94.
ĕ	,	Net unrelated business taxable income from Form 990-T, line 34	177	7b	0.
_	- 5		Prior Year	1,0	Current Year
	8	Contributions and grants (Part VIII, line 1h)	Filor Tear	0.	0.
Ę	1	Program service revenue (Part VIII, line 2g)	284,9		311,720.
Revenue				105.	94.
æ	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	5,034.
			285,0		316,848.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	203,	0.	10,635.
	}	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	10,033.
	Į.	Benefits paid to or for members (Part IX, column (A), line 4)	61.2	261.	72,719.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	01,4	0.	0.
ĕ		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	 		
찣	1		204,	751	216,809.
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	266,0		300,163.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		012.	16,685.
SS	19	Revenue less expenses Subtract line 18 from line 12			
Net Assets or Fund Balances	00	Tatal assets (Dart V. has 40)	Beginning of Currer		End of Year 459,946.
Sse	20	Total assets (Part X, line 16)	14,		
let/	21	Total liabilities (Part X, line 26)	430,		13,047. 446,899.
D.	22 art 11	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	430,	<u> </u>	440,033.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	etemonto and to the h	act of mu	knowledge and heliaf it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pre			knowledge and belief, it is
nue	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	Jaier has any knowled	ye.	,
0.		Signature of officer	Date	2/15	
Sig			Duto		
Her	е	JEREMY ADELSHEIMER, TREASURER Type or print name and title			
			Date	Chack]] PTIN
D-!-		Print/Type preparer's name Preparer's signature	السبيم سيبا	Check	
Paid		CAROLYN AUSTIN Caroly HUSEL		self-employed	
	arer	Firm's name SCIARABBA WALKER & CO., LLP	Firm's	EIN	16-1071694
Use	Only	Firm's address 410 EAST UPLAND ROAD	\	.	
		ITHACA, NY 14850	Phone	no.607	7-272-5550
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	rt III Statement of Program Service Accomplishments
Га	
_	Check if Schedule O contains a response or note to any line in this Part III
1	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? 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
	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	
	TO PROVIDE ROOM, BOARD AND FELLOWSHIP TO MEMBERS OF COLLEGE FRATERNITY.
	
4b	(Code) (Expenses \$
40	(Code / (Expenses \$ including grants of \$ / (Revenue \$ /
4c	(Code) (Expenses \$) (Revenue \$)
	
	Other was a way (Departing in Calendula O.)
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		x
4	public office? If "Yes," complete Schedule C, Part I			
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			<u> </u>
Ü	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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		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?		[Ì
	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			Į
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	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	, ia		
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		\mathbf{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		Х
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	Ì		
	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			3,5
	Schedule D, Parts XI and XII	12a	 -	X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	['	x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
13 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,			<u> </u>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			Ì
	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 other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to] .	ļ
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	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	_ ا		
40	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,"	40	}	X_
00-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	 	X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
D	ii 165 to line 204, vio the organization action a copy of its addition intalicial statements to this feture.	-		

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Part IV Checklist of Required Schedules (continued)

			Yes	_No_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	 -
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			i
	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	1	l i	l
	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		ĺ	
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		l i	
	any tax-exempt bonds?	24c		i
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), 501(c)(4), and 501(c)(29) 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			ļ
	Schedule L, Part I	25b		i
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
_	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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		Х
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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	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	<u> </u>		
~z.	Schedule N, Part II	32		_X_
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		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
0 -7	Part V, line 1	34		x
35a		35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>500</u>	i	
D	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?	335		
30	If "Yes," complete Schedule R, Part V, line 2	36		ı
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_ 		
37	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?	"		_==
30	Note. All Form 990 filers are required to complete Schedule O	38	x	ı
	140te. 7 di 1 orini 000 nicio dio roquired to complete ochedule O		990	(2014)

Form 990 (2014) BETA THETA OF BETA THETA PI LTD.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
		Ì	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1a 1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 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,			l
	filed for the calendar year ending with or within the year covered by this return 2a 24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	j		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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			37
	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:			l
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		X
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50		
oa	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		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ua		
D	were not tax deductible?	6b	Ì	İ
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		ł
b	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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			1
	sponsoring organization have excess business holdings at any time during the year?	8_		-
9	Sponsoring organizations maintaining donor advised funds.			1
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			1
а	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 11,224.			1
				1
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
a	Gross income from other sources (Do not net amounts due or paid to other sources against			ĺ
U	amounts due or received from them)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		١
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	_120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
	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			ĺ
-	organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand			_
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 O	14b		
		Form	agn	(2014)

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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.

	to mile da, es, et res selent, decense are encountered, producedes, at enangue in contract of contract of			r
	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management		I	
	1 1		Yes	No_
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4			ĺ
	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 0.	Į		
Ь	Enter the number of voting members included in line 1a, above, who are independent 1b 4			1
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_		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	l I		l
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5		X
6	Did the organization have members or stockholders?	6	X	
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	X_	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	ŀ		ł
а	The governing body?	8a	_X_	
b	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			ļ
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	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		<u> X</u>
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_	<u> </u>
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			
	ın 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?			
а	The organization's CEO, Executive Director, or top management official	<u>15a</u>	ļ	_X_
b		1 <u>5b</u>		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	L	X
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?	16b		<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NY			
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)	avaılab	ole	
	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, and	d finan	cıal	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	SCIARABBA WALKER & CO, LLP - 607-272-5550		_	
	410 E UPLAND RD, ITHACA, NY 14850			_

	(2014)	

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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 or note to any line in this Part VII	
Check if Schedule O contains a response or note to any line 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.

(A) Name and Title	(B) Average hours per week	box offi	not c	Pos heck ss pe	more	than is bot or/trus	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) GEORGE LAUB	1.00						_			
PRESIDENT		X	<u> </u>	X				0.	0.	0
(2) ANDREW IGLER	1.00		1		ĺ					
VICE PRESIDENT		X		X	<u>_</u>		<u> </u>	0.	0.	0
(3) JEREMY LAPTOOK	1.00	1	{							
VICE PRESIDENT		X		X				0.	0.	0
(4) ALEX BROWN	1.00	1_		_				_	_	_
TREASURER		X	<u> </u>	X			<u> </u>	0.	0.	0
	ļ	}					ļ			
		1	<u> </u>	_		-		ļ		
		1	_							
			-							
			-	_		-	-			
]								
		1					}			
		-								
			_							
 	-		-							
		}_	_		_					<u> </u>
		<u>L</u> .								
		1				-	_		-	

Pai	t VII Section A. Officers, Directors, Trus		ploy	ees		_	ghe	st C						
	(A)	(B) Average			Pos	C) utior	1		(D) Reportable	(E)		Eo	(F) tımate	. al
	Name and title	hours per		not c	heck	more	than		compensation	Reportable compensation	n		ount	
		week	offi	cer an			or/trus		from	from related	elated		other	
		(list any	rector		:				the	organizations			pensa	
		hours for related	e or di	eg eg			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	(C)		om the anızat	
		organizations	truste	al trus		yee	шеш		(***2/1033-141100)			•	relat	
		below	Individual trustee or director	Institutional trustee	ie.	Key employee	Highest compensated employee	Former				orga	nızatı	ons
		line)	를	ᆲ	Officer	Ke	물통	Ē				-		
							ļ							
				ļ	<u> </u>	<u> </u>	<u> </u>							
			ł											
				1		┢								
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					l									
			L	 	<u> </u>	-	├—	_						
	Sub-total			I	l	ł	ـــــ		0.		0.			0.
	Total from continuation sheets to Part V	II. Section A							0.		0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but r	not limited to th	ose	liste	ed a	bov	e) wł	no r	eceived more than \$100	,000 of reportable	е			
	compensation from the organization													0
_	5.0										ı		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	ey er	npic	yee	, or	highest compensated e	mployee on		3		х
4	For any individual listed on line 1a, is the si			ാണവ	ens:	atior	n and	t otl	her compensation from:	the organization		3		- 11
•	and related organizations greater than \$15			-					•	ano organization		4		х
5	Did any person listed on line 1a receive or									dual for services				
	rendered to the organization? If "Yes," con	plete Schedul	e <i>J 1</i>	or s	uc <u>h</u>	per	son					5		X
	tion B. Independent Contractors													
1	Complete this table for your five highest co										pens	ation f	rom	
	the organization Report compensation for (A)	the calendar y	ear	enai	ng v	vitn	or w	ILDI	the organization's tax (B)	year		(C	٠,	
	Name and business	address	N	INC	E				Description of s	ervices	С	ompei		n
	 													
									!					
						_								
2	Total number of independent contractors (-	ot li	mıte	d to		_	stec	d above) who received n	ore than				
	\$100,000 of compensation from the organ	zation					0		v			Form ⁹	000	001 "
												Lorm '	44LJ/	2017/1

Form 990 (2014)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Unrelated Related or Total revenue business exempt function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 250,150. 250,150. 721310 Program Service Revenue 2 a BOARD 46,127. 46,127. 900099 **b** DUES 11,224. 11,224. 900099 c FEES 4,219. 4,219. 900099 d PRIOR YEAR INCOME f All other program service revenue 311,720. g Total, Add lines 2a-2f Investment income (including dividends, interest, and 94. 94. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (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 \$ contributions reported on line 1c) See 5,620 Part IV, line 18 а 586. b Less direct expenses 5,034. c Net income or (loss) from fundraising events 5,034. 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances а b Less: cost of goods sold b 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 94. 311,720. 5,034 316,848. Total revenue See instructions.

Form 990 (2014) BETA THETA OF Part IX Statement of Functional Expenses

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 respor		this Part IX		
	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 domestic organizations				
	and domestic governments. See Part IV, line 21	10,635.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22			<u> </u>	
3	Grants and other assistance to foreign			ļ	
	organizations, foreign governments, and foreign			1	
	individuals 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)			<u> </u>	
7	Other salaries and wages .	56,478.		 	
8	Pension plan accruals and contributions (include			j į	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	16,241.			
11	Fees for services (non-employees).			(
а	Management			ļ	
b	Legal			 	
	Accounting	11,400.			
d	Lobbying			<u> </u>	
е	5			ļ	
f	Investment management fees				
g				}	
	column (A) amount, list line 11g expenses on Sch O.)	<u> </u>			
12	Advertising and promotion	_ -			
13	Office expenses			ļ	
14	Information technology				
15	Royalties				
16	Occupancy .	14,200.		<u> </u>	
17	Travel				
18	Payments of travel or entertainment expenses			1	
	for any federal, state, or local public officials			ļ	
19	Conferences, conventions, and meetings			 	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10 557		 	
23	Insurance Other synamous Marries synamous not solved	10,557.		 	
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 0.) COST OF FOOD	84,146.		 	
				 	
b	PROGRAM EVENTS DUES AND FEES	66,154. 18,897.		 	
c در	NEW MEMBER EDUCATION	5,647.			
đ	All other expenses	5,633.		 	
	Total functional expenses. Add lines 1 through 24e	300,163.		 	
25_ 26		200,103.		 	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			{	
	Check here If following SOP 98-2 (ASC 958-720)			1	
		ſ		t I	

		Check if Schedule O contains a response or note to any l	ine in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		262,218.	1	129,718.
	2	Savings and temporary cash investments		91,636.	2	91,647
	3	Pledges and grants receivable, net			3	
- }	4	Accounts receivable, net		90,710.	4	238,581
	5	Loans and other receivables from current and former office	ers, directors,		_	-
-		trustees, key employees, and highest compensated empl		.]		
		Part II of Schedule L			5	
-	6	Loans and other receivables from other disqualified person	ons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		i	
-		employers and sponsoring organizations of section 501(c)(9) voluntary		ı [
		employees' beneficiary organizations (see instr). Complet	e Part II of Sch L		6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
•	10a	Land, buildings, and equipment, cost or other			İ	
		basis. Complete Part VI of Schedule D 10a	2,487.			
	b	Less: accumulated depreciation 10b	2,487.	0.	10c	0 .
-	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	
.	14	Intangible assets			14	
.	15	Other assets. See Part IV, line 11			15	
<u></u>	16_	Total assets. Add lines 1 through 15 (must equal line 34)		444,564.	16	459,946
	17	Accounts payable and accrued expenses		1,639.	17	
-	18	Grants payable			18	
- (-	19	Deferred revenue			19	
2	20	Tax-exempt bond liabilities	. [20	
	21	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
	22	Loans and other payables to current and former officers,	directors, trustees,			
		key employees, highest compensated employees, and di	squalified persons.			
)		Complete Part II of Schedule L			22	
12	23	Secured mortgages and notes payable to unrelated third	parties		23	
	24	Unsecured notes and loans payable to unrelated third pa	rties .		24	
2	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			
		Schedule D	. [12,711.	25	13,047
2	26	Total liabilities, Add lines 17 through 25		14,350.	26	13,047
		Organizations that follow SFAS 117 (ASC 958), check	here ▶ 🔲 and │		İ	
-		complete lines 27 through 29, and lines 33 and 34.	ì		' {	
	27	Unrestricted net assets			27	
1	28	Temporarily restricted net assets			28	
2	29	Permanently restricted net assets	\		_29	
ì		Organizations that do not follow SFAS 117 (ASC 958),	check here 🕨 🗓			
		and complete lines 30 through 34.				
:	30	Capital stock or trust principal, or current funds		0.	30	0
;	31	Paid-in or capital surplus, or land, building, or equipment	fund	0.	31	0.
;	32	Retained earnings, endowment, accumulated income, or	other funds	430,214.	32	446,899.
;	33	Total net assets or fund balances		430,214.	33	446,899
- 1.		T-4-11-b-14	1	111 561	04	150 016

446,899. 459,946. Form **990** (2014)

444,564. 34

34

Total liabilities and net assets/fund balances

	orm 990 (2014) BETA THETA OF BETA THETA PI LTD. 23-7						
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	316	<u>,848.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>300</u>	163.			
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,685.</u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	430	<u>,214.</u>			
5	Net unrealized gains (losses) on investments	ed gains (losses) on investments					
6	Donated services and use of facilities .	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		0.			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	446	<u>,899.</u>			
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line 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						
2a	,		_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						
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 basis,					
	consolidated basis, or both:		ì	1			
	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	ie audit,	1 1				
	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						
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 Audıt					
	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 requ	ııred audıt					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200			
			Form	990 (2014)			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Inspection

Nam	e of the organization	A MILLION DI LIND	Em	ployer identification		
Pai	BETA THETA OF BETA t I Organizations Maintaining Donor Advis	end Funds or Other Similar Funds of	r Accou	23-7122785		
Pai			ACCO	urres.Complete if t	ne	
	organization answered "Yes" to Form 990, Part IV, I	(a) Donor advised funds	(b) Fur	nds and other acco	unts	
	Tatal mumber at and of usas	(a) Derior advised rarias	(b) i ui			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)	-				
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year	a vertice that the goods hold in departed used	fundo	-		
5	Did the organization inform all donors and donor advisors in	_	iunas	□ v		
6	are the organization's property, subject to the organization		براجم ام	L Yes	∟_ No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring						
	impermissible private benefit?	of donor advisor, or for any other purpose cor	neming	Yes	☐ No	
Par		prognization answered "Yes" to Form 990. Part	IV line 7		INO	
1	Purpose(s) of conservation easements held by the organiza		14, 1110 /			
•	Preservation of land for public use (e.g., recreation or	` — :	allyumna	rtant land area		
	Protection of natural habitat	Preservation of a certified	•			
	Preservation of open space	Structure				
2	Complete lines 2a through 2d if the organization held a qua	ulified consequences contribution in the form of	concen	ation easement on	the last	
-	day of the tax year	amed conservation contribution in the form of a	a Conserv	ation casement on	tilo last	
	day of the tax year			Held at the End of t	he Tay Vear	
а	Total number of conservation easements		2a	TICIO DE CITO CITO OF C	IIO TAX TOUT	
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified historic s	tructure included in (a)	2c			
	Number of conservation easements included in (c) acquired	20	· -			
•	listed in the National Register	2d				
3	Number of conservation easements modified, transferred, r	released, extinguished, or terminated by the or		n during the tax		
_	year ▶		9			
4	Number of states where property subject to conservation e	easement is located >				
5	Does the organization have a written policy regarding the p					
	violations, and enforcement of the conservation easements			Yes	☐ No	
6	Staff and volunteer hours devoted to monitoring, inspecting	•	ng the yea	_		
7	Amount of expenses incurred in monitoring, inspecting, and					
8	Does each conservation easement reported on line 2(d) about				_	
	and section 170(h)(4)(B)(ii)?			. Tyes	☐ No	
9	In Part XIII, describe how the organization reports conserva	ation easements in its revenue and expense sta	atement,	and balance sheet,	and	
	include, if applicable, the text of the footnote to the organiz	ation's financial statements that describes the	organiza	tion's accounting f	or	
	conservation easements					
Par	t III Organizations Maintaining Collections	of Art, Historical Treasures, or Othe	er Simi	lar Assets.		
	Complete if the organization answered "Yes" to Fore	m 990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116 (4	ASC 958), not to report in its revenue statemen	it and bal	ance sheet works o	of art,	
	historical treasures, or other similar assets held for public e	xhibition, education, or research in furtherance	of public	service, provide, i	n Part XIII,	
	the text of the footnote to its financial statements that desc	cribes these items.				
b	If the organization elected, as permitted under SFAS 116 (A	ASC 958), to report in its revenue statement an	id balanc	e sheet works of ar	t, historical	
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of public	service,	provide the followir	ng amounts	
	relating to these items:					
	(i) Revenue 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 ti	reasures, or other similar assets for financial ga	an, provid	de		
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:				
а	Revenue included in Form 990, Part VIII, line 1		>	\$		
b	Assets included in Form 990, Part X		. ▶	\$		

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10

Description of property

(a) Cost or other basis (other)

(b) Cost or other basis (other)

(c) Accumulated depreciation

1a Land

b Buildings ...

c Leasehold improvements

d Equipment

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2014

<u> 1. </u>		 (-)
(1) F	ederal income taxes	
(2) I	AYROLL TAXES	1,403.
(3) I	EDUCATIONAL FUND	11,644.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (C	olumn (b) must equal Form 990. Part X. col. (R) line 25.)	13 047

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2014 BETA THETA OF BETA THET		23-7122785 Page 4
Гаі	Complete if the organization answered "Yes" to Form 990, Part IV, lin		ide per neturi.
1	Total revenue, gains, and other support per audited financial statements	C 12a.	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		" '-
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
	0.1 (2)	2d	
	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	·	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 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 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 St	•	enses per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, lin	e 12a.	-
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:	1 1	
а	Donated services and use of facilities	2a	
þ	Prior year adjustments	2b	
С	Other losses	2c	
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d		2e
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	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIII)		
	Add lines 4a and 4b	0.1	4c
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.	<u> </u>	_5
nes :	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.	
		 	
			

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.

► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

OMB No 1545-0047 2014

Name of	Name of the organization							Employer identification number
	BETA THETA OF BETA THETA	A OF BETA	THETA PI LTD.	JJ.				23-7122785
Part	Part I General Information on Grants and Assistance	d Assistance						
1 Do	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	substantiate the	amount of the grants	or assistance, the	e grantees' eligibility	for the grants or ass	stance, and the select	uoi
crit	criteria used to award the grants or assistance?	ance?			•			X Yes
2 Des	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	oring the use of grant	funds in the Unite	d States.			
Part II	Grants and Other Assistance to Domestic Organizations and	omestic Organi	zations and Domestic	c Governments. (Complete if the orga	inization answered "Y	Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	IV, line 21, for any
	recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	5,000 Part II can	be duplicated if additi	ional space is nee	pep		i	
1 (a)	1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(d) Amount of cash grant assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						Office)		

CAMP. CHILDREN INVITED TO ATTEND THE CAMP COME FROM

FAMILIES WHO ARE LOW

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10,635,

501(C)3

16-0953500

MADISON COUNTY CHILDREN'S CAMP

2122 WHELER DRIVE

EATON, NY 13334

SUPPORT OF CHILDREN'S

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

432101 10-15-14

BETA THETA OF BETA THETA PI LTD. Schedule I (Form 990) (2014)

Page 2

23-7122785

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

PART II, LINE 1, COLUMN (H):

Schedule I (Form 990) (2014)

Schedul	e I (Form	1 990)		BETA	THETA	OF B	ETA T	HETA	PI	LTD.		23-1	7122785	Page 2
Part I	V Su	pplemer	ıtal Infor	mation	1									
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# **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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

	BETA THETA OF BETA THETA PI LTD.	23-7122785
<u>FORM 990,</u>	PART VI, SECTION A, LINE 6:	
THE ORGAN	IZATION IS A COLLEGE FRATERNITY AND HAS MEMBERS.	
<u>FORM 990,</u>	PART VI, SECTION A, LINE 7A:	
THE MEMBE	ERS ELECT THE GOVERNING BODY.	
FORM 990,	PART VI, SECTION A, LINE 7B:	
DECISIONS	S ARE SUBJECT TO THE APPROVAL OF MEMBERS AND ALUM	MI.
FORM 990,	PART VI, SECTION A, LINE 8B:	
THERE ARE	NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF C	OF THE GOVERNING
BODY.		
FORM 990,	PART VI, SECTION B, LINE 11:	
THE RETUR	RN IS PRESENTED TO THE GOVERNING BODY FOR REVIEW	AND DISTRIBUTION.
FORM 990,	PART VI, SECTION C, LINE 19:	
THE ORGAN	IZATION MAKES ITS GOVERNING DOCUMENTS AND FINANC	CIAL STATEMENTS
<u>AVAILABLE</u>	TO THE PUBLIC UPON REQUEST.	
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