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# EXTENDED TO MAY 15, 2018 Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

AI	For th	e 2016 calendar year, or tax year beginning J	TUL 1, 2016 and	ending	<u>JUN 30, 2017</u>	·
B	Check if	C Name of organization			D Employer identif	ication number
	Addr	B ZETA BETA TAU-KAPPA CH	APTER			
	Name	Doing business as			22-3	011200
	Initia return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone numbe	er
	]Final returi		10 E UPLAND		607-	272-5550
	term: ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	479,817.
	Amer	TIMACA, NI 14000	<del></del>		H(a) is this a group i	eturn
L_	Appli	na (	SE JAEGER		for subordinate	s? Yes X No
	pend	SAME AS C ABOVE		~~	H(b) Are all subordinates	included? Yes No
		empt status: 501(c)(3) X 501(c) ( 7 )		or 52	<del>-</del> -	list. (see instructions)
		te: ► HTTP://WWW.KAPPAZBT.OR				on number ▶ 0158
	orm o	forganization: Corporation Trust X As Summary	ssociation Other	L Year	r of formation: 1989	M State of legal domicile: NY
	1	Briefly describe the organization's mission or most	t significant activities. TO P	ROVID	E HOUSING AN	ID
Governance	1	FELLOWSHIP TO MATRICULATE				
r.	2	Check this box ▶ ☐ if the organization disco				
ove	3	Number of voting members of the governing body			3	5
	4	Number of independent voting members of the go	everning body (Part VI, line 1b)		4	5
SS	5	Total number of individuals employed in calendar	•		5	2
Žį.	6	Total number of volunteers (estimate if necessary)			6	<u>2</u> 5
Activities &	7 a	Total unrelated business revenue from Part VIII, co			7a	0.
_	b	Net unrelated business taxable income from Form	990-T, line 34		7b	0.
	l			L	Prior Year	Current Year
ā	8	Contributions and grants (Part VIII, line 1h)		[_	29,000.	41,600.
au	9	Program service revenue (Part VIII, line 2g)			440,384.	438,217.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4	, and 7d)		0.	0.
т.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	c, 9c, 10c, and 11e)		624.	0.
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		470,008.	479,817.
	13	Grants and similar amounts paid (Part IX, column (	(A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A	A), line 4)	<u> </u>	0.	0.
es	15	Salaries, other compensation, employee benefits (	Part IX, column (A), lines 5-10)	<u> </u>	33,319.	34,651.
Expenses	16a	Professional fundraising fees (Part IX, column (A),	line 11e)	<u> </u>	0.	0.
X	I	Total fundraising expenses (Part IX, column (D), lin		0.		<del></del>
	1	Other expenses (Part IX, column (A), lines 11a-11d	·	<u> </u>	376,722.	438,621.
		Total expenses Add lines 13-17 (must equal Part I		<u> </u>	410,041.	473,272.
_ <u>v</u>	19	Revenue less expenses Subtract line 18 from line	12		59,967.	6,545.
ts o		<b>-</b>		B	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		-	68,705.	88,214.
und/	21	Total liabilities (Part X, line 26)		<u> </u>	14,111.	27,075.
Pa	rt II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		54,594.	61,139.
			'spaluding/pagagraphy and padula			un lum annie de la contrata del contrata de la contrata de la contrata del contrata de la contrata de la contrata de la contrata del contrata de
		lties of perjury, I declare that I have examined this return, i, and complete. Declaration of preparer (other than office				ly knowledge and belief, it is
1100,	00110		Y & B Zo 5 1	men prepare	ir nas any knowledge.	12
Sigr	•	Signature of officer	130 200 71		Date	10
Her		CHASE JAEGER, TREASURE	R		24.0	
1101	•	Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date   Check	PTIN
Paid		CAROLYN AUSTIN	Couplin Aust	[,	5-8-18   sett-employ	
Prep		Firm's name SCIARABBA WALKER		<del>-</del> h	Firm's EIN	16-1071694
Use		Firm's address 410 EAST UPLAND			THITISLIN	
_	_	ITHACA, NY 14850			Phone no 60	7-272-5550
May	the I	RS discuss this return with the preparer shown abo		·	11 110110 110.0 0	X Yes No
	01 11-			ons.	<del></del>	Form <b>990</b> (2016)

	n 990 (2016) ZETA BETA TAU-KAPPA CHAPTER	<u> 22-3011200</u>	Page 2
Pa	rt III   Ştatement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III .	•	
1	Brefly describe the organization's mission:		
•	TO PROVIDE HOUSING AND FELLOWSHIP TO MATRICULATED UNDER	GRADIIATE	
	MEMBERS OF ZETA BETA TAU AT CORNELL UNIVERSITY.	Old Doll 1	
	MEMBERS OF ZETA BETA TAU AT CORNELL UNIVERSITI:		
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.		140
_	·		(T)
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L 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 other		
	revenue, if any, for each program service reported.	,	
4-		<del></del>	
4a	(Code) (Expenses \$) (Reven		,
	TO PROVIDE HOUSING AND FELLOWSHIP TO MATRICULATED UNDER	GRADUATE MEM	BERS
	OF ZETA BETA TAU AT CORNELL UNIVERSITY.		
		<del></del>	
4b	(Code) (Expenses \$ including grants of \$) (Reven	ue \$	)
		<del></del>	
		<del></del>	
4c	(Code) (Expenses \$ including grants of \$) (Reven		
	/ (Labelines 5   Including gards of 5   / (Heven	ne 2	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses		

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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)?		163	140
•	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	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			
7	during the tax year? If "Yes," complete Schedule C, Part II	4	1	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	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			
v	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	1	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	}	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		
Ü	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.	ł	}	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		_==	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	- [	_X_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	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		<u>X</u> _
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		ļ	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		ļ	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u> _
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>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	Ì		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_ <u>X</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ì		
	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			
46	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
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		<u> </u>

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

X

36

37

37

If "Yes," complete Schedule R, Part V, line 2

Note. All Form 990 filers are required to complete Schedule O

	Check if Schedule O contains a response or note to any line in this Part V		<i>.</i>	
			Yes	No
1a	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 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		· •	
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	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		]	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►		[	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	' i	ľ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		1	l
	any contributions that were not tax deductible as charitable contributions?	_6a_		_X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		]	Į
	were not tax deductible?	6b_		<del></del>
7	Organizations that may receive deductible contributions under section 170(c).			Į
a	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		
D	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?	7.		l
a	If "Yes," indicate the number of Forms 8282 filed during the year	7c		<u> </u>
u	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		İ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>f</del>		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u>L_</u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ļ
b	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 10a 7,888.			ĺ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  0 •			1
11	Section 501(c)(12) organizations. Enter.			1
a	Gross income from members or shareholders			l
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			l .
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			i
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del> </del>
L	Note. See the instructions for additional information the organization must report on Schedule O.	1		
Ø	Enter the amount of reserves the organization is required to maintain by the states in which the	1		1
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b	1		1
	Enter the amount of reserves on hand  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	14a		
			990	(2016

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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 instri	ictions.					
	Check if Schedule O contains a response or note to any line in this Part VI	•			X		
Sec	ction A. Governing Body and Management						
		r		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a	5		İ			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	<u> </u>	5					
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 su	pervision					
	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 file	∌d? _	_4		<u> </u>		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	1	5_		<u> </u>		
6	Did the organization have members or stockholders?	į	6	_X			
7a	, , , , , , , , , , , , , , , , , , , ,	or					
	more members of the governing body?		7 <u>a</u>	X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholder	s, or					
	persons other than the governing body?		7b	Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	owing:					
а		-	8a	X			
b	Each committee with authority to act on behalf of the governing body?		8b		_X_		
9	, , , , , , , , , , , , , , , , , , , ,						
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		<u> </u>		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Cod	de.)		· <del>-</del>			
40-	Did the comment on have been been to be a control of the Control o	Г		Yes	No		
	Did the organization have local chapters, branches, or affiliates?		10a		<u> </u>		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, aff	I					
110	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill		10b	x			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ng the form?	<u>11a</u>				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		40-		X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts'		12a 12b	_			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ		120				
·	in Schedule O how this was done		12c				
13	Did the organization have a written whistleblower policy?		13		X		
14	Did the organization have a written document retention and destruction policy?	•	14		X		
15	Did the process for determining compensation of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons in the following person in the following person in the following person in the following person in th	andent -	<u>'</u>				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	J. GOTH					
а	The organization's CEO, Executive Director, or top management official		15a		X		
	Other officers or key employees of the organization		15b		X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ŀ		_			
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?	1	16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its partic	-					
	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				
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	01(c)(3)s only) av	/ailab	le			
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain in Schedul						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	erest policy, and	fınan	cial			
	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 recommendation of the person who possesses the organization of the person of the	cords >					
	SCIARABBA WALKER & CO - 607-272-5550						
	410 E UPLAND RD, ITHACA, NY 14850						

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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

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.

X Check this box if neither the organization	nor any related	orga	anıza	tion	CO	mpe	nsat	ed any current officer,	director, or trustee.	
(A) Name and Title	(B) Average hours per week	(do	not c	Pos heck	C) intion more erson		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 employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ALEXANDER JALAZO PRESIDENT	1.00	x		x				0.	0.	0.
(2) JACOB MARCUS	1.00									
VICE PRESIDENT: INTERNAL (3) KEVIN RODIN	1.00	X	├-	Х	├-	-	_	0.	0.	0.
TREASURER	1.00	X	ĺ	X				0.	0.	0.
(4) MICHAEL ROBERTS SECRETARY	1.00	x		x				0.	0.	0.
(5) WILL GUSICK	1.00				-		-			
VICE PRESIDENT: EXTERNAL		X	_	X	<u> </u>			0.	0.	0.
	-									
		-		-	-					
		-	-		-					
		-	-		-		_			
		-	-	_	<u> </u>					
			-	-	_					
	-									
			-		-					
			-	-	-					
	<u> </u>		<u> </u>							

rai	Section A. Officers, Directors, Tru (A)	(B) Average	(C) Position					st C	(D)	(E) Reportable	(F) Estimated		
	Name and title	hours per week (list any	box offi	not c	heck ss pe	more rson	than is bot or/trus	h an	Reportable compensation from the	compensation from related organizations	a	mount other mpensa	of
		hours for related organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee Former		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organization		e ion ed
		line)	thdiv	Instit	Officer	Keye	Hgh	Former			-		
			_	_									
		_							_				
							-						
											<del> </del>		
				1	ļ		<del>  -</del>	_			-	<del></del>	
			_	_				_					
	Sub-total			1	I			<b>&gt;</b>	0.	0.			0.
	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section A						<b>▶</b>	0.	0.			0.
2	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	ed a	bove	e) wl	no r	eceived more than \$100	0,000 of reportable			0
									-117			Yes	No
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	ey er	nplc	yee	, or	highest compensated e	mployee on	3		х
4	For any individual listed on line 1a, is the	sum of reportab	le co	-						the organization	4		х
5	and related organizations greater than \$1 Did any person listed on line 1a receive o	r accrue compe	nsat	ion 1	from	any	unr/			idual for services	-	-	
Sec	rendered to the organization? If "Yes," co	mplete Schedul	e J i	for s	<u>uch</u>	pers	son			·	5	<u> </u>	<u> </u>
1	Complete this table for your five highest of the organization. Report compensation for	•								•	satior	from	
	(A)					VILII	Or W	711111	(B)			(C)	
	Name and busines	ss address	N	ON!	<u>e</u> _				Description of	services	Comp	ensatio	<u></u>
					_								
2	Total number of independent contractors	 (including but r	not li	mite	ed to	tho	se li	sted	d above) who received i	more than			
	\$100,000 of compensation from the orga	-					0		,			n <b>990</b>	(2016)
											ron	コックリ	ا ا ا ا

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated Revenue excluded from tax under sections 512 - 514 (B) Related or Total revenue exempt function business revenue revenue Federated campaigns <u>1a</u> 41,600. 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 g Noncash contributions included in lines 1a-1f \$ 41,600 Total. Add lines 1a-1f Business Code 287,536. 2 a ROOM AND BOARD 721310 287,536. **b** SOCIAL 721310 96,400. 96,400. 22,950. 721310 22,950. c PARLOR 14,688. 900099 d DUES AND FEES 14,688. 8,000. 900099 8,000. e CABLE INCOME 900099 8,643. 8,643. f All other program service revenue 438,217 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) 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 Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 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 b Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a All other revenue Total. Add lines 11a-11d

479,817.

438,217

0.

Form 990 (2016)

Total revenue. See instructions.

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			ompiete column (A).	. X
	Check if Schedule O contains a respons	(A)		(C)	(D)
<i>Do l</i>	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрензез	general expenses	CAPERISES
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	Individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	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				_ <del></del>
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	30,905.			
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	·		<del> </del>	
9	Other employee benefits	2 746		<del> </del>	
10	Payroll taxes	3,746.		<del></del>	
11	Fees for services (non-employees)			[	
a	Management			<del> </del>	
b	LegalAccounting	14,100.			
	Lobbying	12,100.		<u> </u>	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,		<u> </u>		
	column (A) amount, list line 11g expenses on Sch O.)	6,322.			
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	184,046.			
17	Travel			<del>   </del>	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings			<del> </del>	
19 20	Interest	<del></del>		<del> </del>	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	535.			
23	Insurance	13,405.			
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.)			ļ	
а	ACTIVITIES	<u>85,807.</u>			
b	COST OF FOOD	63,237.		ļ	
C	DAMAGES	18,035.		ļ	
d	RECRUITMENT	8,438.		<del>                                     </del>	
	All other expenses SEE SCH O	44,696.	<del></del>		
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization	473,272.			
20	reported in column (B) joint costs from a combined	1		[ 1	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 53,770. 68,764. 1 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 15,036. 5,954. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr) Complete Part II of Sch L **Assets** Notes and loans receivable, net 7 7 8 inventories for sale or use 2,163. 0. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 5,351. basis Complete Part VI of Schedule D 10a 937. 4,949. 4,414. 10c b Less accumulated depreciation 10b Investments - publicly traded securities 11 11 12 12 Investments · other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 1,869. 15 Other assets. See Part IV, line 11 15 88,214 68,705 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 461. 1,287 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, iabilities. key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 13,650. 25 25,788. Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X and complete lines 30 through 34. Capital stock or trust principal, or current funds 0. 30 30 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 0. 31 61,139. 32 Retained earnings, endowment, accumulated income, or other funds 54,594. 32 54,594. 61,139. 33 33 Total net assets or fund balances 88,214. 68,705. Total liabilities and net assets/fund balances

om	990 (2016) ZETA BETA TAU-KAPPA CHAPTER	<u> 22-301</u>	<u> 1200</u>	Pag	<u>e 12</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u>.</u>	
	•	1 1		_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>9,8:</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>3,2</u>	
3	Revenue less expenses Subtract line 2 from line 1	3		<u>6,54</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	4,59	94.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor 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	6	1,13	<u> 39.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			· · ·	<u></u> _
				Yes	No_
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			. 1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	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		<u>_X</u> _
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis		1		
C	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 O.			
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		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	<u>'</u>		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	لييا	
			Form	<b>990</b> (2	2016)

### SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on 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.lrs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

ZETA BETA TAU-KAPPA CHAPTER

**Employer identification number** 

22-3011200 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		<u>TA TAU-KAP</u>						1120		<u>age 2</u>
Pa	rt III   Organizations Maintaining C	collections of A	rt, His	storical Tr	easures, or C	Other Sir	nilar Asse	ts(contir	ued)	
3	Using the organization's acquisition, accessi	on, and other recor	ds, che	ck any of the	following that are	e a significa	ant use of its	collection	ı ıtem	s
	(check all that apply)			_						
а	Public exhibition	•	d 📖	Loan or exc	hange programs					
b	Scholarly research		e 🗀	Other						
C	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII									
5	During the year, did the organization solicit of	r receive donations	of art, h	nistorical trea	sures, or other s	mılar asset	s			
	to be sold to raise funds rather than to be ma	aintaıned as part of	the org	anization's co	ollection?			Yes		No_
Pa	rt IV Escrow and Custodial Arran		lete if th	e organizatio	n answered "Yes	" on Form	990, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.		<u> </u>				_		
1a	Is the organization an agent, trustee, custod	an or other interme	diary fo	r contribution	s or other assets	not includ	led	_		
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
								Amount		
С	Beginning balance					1	С			
d	Additions during the year					1	d			
е	Distributions during the year	·				1	е			
f	Ending balance						f			
<b>2</b> a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for	escrow or cu	ustodial account	liability?		Yes		No
b	If "Yes," explain the arrangement in Part XIII					-				
Pa								***		
		(a) Current year		Prior year	(c) Two years ba		ee years back	(e) Four	years	back
1a	Beginning of year balance						-			
b	Contributions									
С	Net investment earnings, gains, and losses	_								
d	Grants or scholarships								-	
е	Other expenditures for facilities								-	
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curi	rent year end baland	ce (line	1g, column (a	a)) held as:	<del></del>				
а	Board designated or quasi-endowment	,	%	. 3, (-	<b>"</b>					
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶									
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	•	ation th	at are held a	nd administered	for the ora	anization			
	by:							ſ	Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations				•	•		3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on s	Schedule R?	•			3b		
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm				· · · · · · · · · · · · · · · · · · ·					
	Complete if the organization answered	d "Yes" on Form 99	0, Part I	V, line 11a S	See Form 990, Pa	rt X. line 10	)			
	Description of property	(a) Cost or o				c) Accumu		(d) Bool	value	е
		basis (investi		1 1	(other)	depreciat	1	(4) 5001		-
1a	Land	<del> </del> `	<del></del>							
	Buildings			†						
c	Leasehold improvements			† · · · · · ·						
d	Equipment			<u> </u>		_	-			
	Other				5,351.		937.		1 1	14.
	Add lines 1a through 1e (Column (d) must e	aual Form 000 Part	Y 00!:				<del></del>		<del>- / -</del>	1/

Part VII	Complete if the organization answered "Yes"	on Form 990 Part IV	line 11h	See Form 990.	Part X, line 12	
(a) Descri	ption of security or category (including name of security)	(b) Book value				nd-of-year market value
	al denvatives	***************************************				
	held equity interests					
(3) Other						
(A)						
(B)						
(C)						<del></del>
(D)						<del> </del>
(E)						
(F)						. <u> </u>
(G)						
(H)						
	(b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>				
Part VII	I Investments - Program Related.					
	Complete if the organization answered "Yes"  (a) Description of investment		line 11c.			nd-of-year market value
	(a) Description of investment	(b) Book value		(c) Method or va	aidation. Cost of el	id-Oryear market Value
<u>(1)</u>			_+-			
(2)			+-			<del></del>
(3)			<del>-   -</del>			
<u>(4)</u> (5)			<del>-   -</del>			
(6)						
(7)		<del> </del>				
(8)		<del> </del>	_	<del></del>		
(9)						
	(b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX	Other Assets.					
	Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11d.	See Form 990,	Part X, line 15.	
	(a)	Description				(b) Book value
(1)						
(2)		<u> </u>				
(3)	<del></del>					<u> </u>
(4)						<del> </del>
(5)						<del>                                     </del>
(6)						
						<del></del>
<u>(8)</u>						<del> </del>
(9)	imp (b) must sound Form 2000 Book V and (D) lin	- 45)				
Part X	umn (b) must equal Form 990, Part X, col. (B) lin	<u>e_i5.)</u>				<u> </u>
	Complete if the organization answered "Yes"	on Form 990 Part IV	line 11e	or 11f See Form	n 990 Part X line 2	9 <b>5</b>
1.	(a) Description of liability	OII FOIII 930, FAIL IV,		Book value	1 330, 1 art X, 1116 2	
	deral income taxes					
	CURITY DEPOSITS			19,700.		
	JE TO KAPPA			6,088.		
(4)						
(5)						
(6)						
(7)					•	
(8)						
(9)					i	
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) lin	e 25.)		25,788.		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

BETA TAU-KAPPA CHAPTER

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 Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 ZETA BETA TAU-KAPPA	<u>CHAPTER</u>	22-3011200 Page 4
Part XI Reconciliation of Revenue per Audited Finance	cial Statements With Reven	ue per Return.
Complete if the organization answered "Yes" on Form 990, F		
1 Total revenue, gains, and other support per audited financial statem		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 Recovenes of prior year grants	2c	
d Other (Describe in Part XIII )	2d	
e 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:	• • •	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I		5
Part XII Reconciliation of Expenses per Audited Finan	cial Statements With Exper	
Complete if the organization answered "Yes" on Form 990, F		
	att 14, 1110 124	1
·	•	<del> </del>
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	10-1	1 1
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	_2d	
e 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	1
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Par	t I, line 18.)	
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines ines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to p		Part V, line 4; Part X, line 2, Part XI,
<del></del>		
<del></del>		<del> </del>
<del></del>		
· · · · · · · · · · · · · · · · · · ·		

### **SCHEDULE 0**

(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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection Employer identification number

Name of the organization  ZETA BETA TAU-KAPPA CHAPTER	Employer identification number 22-3011200
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION	N MISSION:
CORNELL UNIVERSITY.	
BODW 000 DARW VI CECHTON A LINE 6.	
FORM 990, PART VI, SECTION A, LINE 6:	DEDG HAIR HORING DIGHT
	BERS HAVE VOTING RIGHTS
TO ELECT OFFICERS.	
FORM 990, PART VI, SECTION A, LINE 7A:	
THE ORGANIZATION OPERATES AS A GREEK HOUSE WITH MEMB	ERS WHO HAVE VOTING
RIGHTS TO ELECT OFFICERS.	
FORM 990, PART VI, SECTION A, LINE 7B:	
THE ORGANIZATION OPERATES AS A GREEK HOUSE WITH MEMB	ERS WHO HAVE VOTING
RIGHTS TO VOTE ON DECISIONS THAT AFFECT THE ORGANIZA	TION.
FORM 990, PART VI, SECTION A, LINE 8B:	
THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEH	ALF OF GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 IS REVIEWED BY THE TREASURER AND DISTRIBUTE	
BEFORE IT IS SIGNED.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE	TO THE PUBLIC UPON
REQUEST.	