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2011

Open to Public Inspection

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

Department of the Treasury Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning, 2011, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: Beta Kappa Chapter, Theta Chi Fraternity. D Employer identification number: 41-1390984. E Telephone number: 651-644-0575. F Group Exemption Number: 0241.

G Accounting Method: [X] Cash [ ] Accrual Other (specify) H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: www.thetachibk.org

J Tax-exempt status (check only one) - [ ] 501(c)(3) [X] 501(c)(7) (insert no) [ ] 4947(a)(1) or [ ] 527

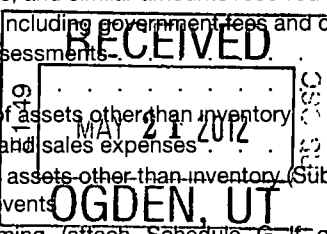
K Check [ ] if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I [ ]

Table with 21 rows and 3 columns: Description, Code, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 80830, total expenses is 73387, and net assets at end of year is 22521.

SCANNED JUN 9 2012



**Part II Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	15078	22521
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	15078	22521
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	15078	22521

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Social Undergraduate Fraternity

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 <b>Manage Fraternity House</b> Includes paying rent, utilities, repairs, cleaning supplies and improvements. Upkeep on the house is vital to chapter functionality. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 <b>Social Events and Headquarters Fees</b> Fees include Rechartering Fees and a per-man insurance policy. Social events are open to members and other students of the university and community members. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 <b>Omega Financial Fee</b> New online financial services provided by Omega Financial. Assist with bill collection, payment and organization of data. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 <b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	32

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Coleton Hanson 823 Snelling Ave N, Saint Paul, MN 55104-1217	President; 5	0	0	0
Elliot Luedtke 823 Snelling Ave N, Saint Paul, MN 55104-1217	Vice President; 6	0	0	0
Matthew Coe 823 Snelling Ave N, Saint Paul, MN 55104-1217	Secretary; 4	0	0	0
Aaron Meulemans 823 Snelling Ave N, Saint Paul, MN 55104-1217	Treasurer; 8	0	0	0
Alexander Arana 823 Snelling Ave N, Saint Paul, MN 55104-1217	Recruitment Chairman; 3	0	0	0
Grayson Gessner 823 Snelling Ave N, Saint Paul, MN 55104-1217	Marshal; 2	0	0	0
Charlie Phenow 823 Snelling Ave N, Saint Paul, MN 55104-1217	Chaplain; 3	0	0	0
Tyler Bradshaw 823 Snelling Ave N, Saint Paul, MN 55104-1217	Assistant Treasurer; 3	0	0	0
Rutger Krenz 823 Snelling Ave N, Saint Paul, MN 55104-1217	Social Chairman; 3	0	0	0
Grant Lewis 823 Snelling Ave N, Saint Paul, MN 55104-1217	Public Relations Chairman; 3	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 

	Yes	No
<b>46</b>		✓

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  
Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

**47** 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 . . . . . 

	Yes	No
<b>47</b>		✓

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 

<b>48</b>		✓
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**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 

<b>49a</b>		✓
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**b** If "Yes," was the related organization a section 527 organization? . . . . . 

<b>49b</b>		✓
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**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

**f** Total number of other employees paid over \$100,000 . . . . . ▶ 0

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ 0

**52** Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**

Signature of officer	Date
Aaron Meulemans, Treasurer	14MAY2012
Type or print name and title	

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no			

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No