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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 private foundations)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2014 calendar year, or tax year beginning JUL 01, 2014, and ending JUN 30, 2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return (terminated) <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="border: 1px solid black; padding: 2px;">CLOVIA SORORITY-BETA CHAPTER</div>	D Employer identification number <div style="border: 1px solid black; padding: 2px;">41-6169821</div>
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <div style="border: 1px solid black; padding: 2px;">2221 UNIVERSITY AVE SE STE 111</div>	E Telephone number <div style="border: 1px solid black; padding: 2px;">612-624-5015</div>
	City or town, state or province, country, and ZIP or foreign postal code <div style="border: 1px solid black; padding: 2px;">MINNEAPOLIS MN 55414</div>	F Group Exemption Number ▶ <div style="border: 1px solid black; padding: 2px;"> </div>

G Accounting Method Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ _____

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

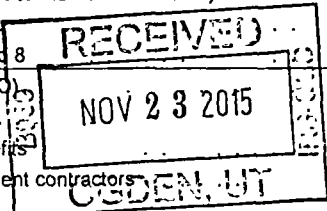
K Form of organization: Corporation Trust Association Other SOCIALCLUB

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 165,954.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	525.			
	2	Program service revenue including government fees and contracts	2	135,631.			
	3	Membership dues and assessments	3	28,582.			
	4	Investment income	4	20.			
	5a	Gross amount from sale of assets other than inventory	5a				
	5b	Less: cost or other basis and sales expenses	5b				
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c				
	6	Gaming and fundraising events					
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a				
	6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b	186.			
6c	Less: direct expenses from gaming and fundraising events	6c	399.				
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	(213.)				
7a	Gross sales of inventory, less returns and allowances	7a					
7b	Less: cost of goods sold	7b					
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
8	Other revenue (describe in Schedule O)	8	1,010.				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	165,555.				
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	136.			
	11	Benefits paid to or for members	11	62,852.			
	12	Salaries, other compensation, and employee benefits	12				
	13	Professional fees and other payments to independent contractors	13	4,515.			
	14	Occupancy, rent, utilities, and maintenance	14	74,458.			
	15	Printing, publications, postage, and shipping	15	1,343.			
	16	Other expenses (describe in Schedule O)	16	16,474.			
	17	Total expenses. Add lines 10 through 16	17	159,778.			
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,777.				
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	104,867.			
	20	Other changes in net assets or fund balances (explain in Schedule O)	20				
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	110,644.			



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For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2014)

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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	82,623.	97,465.
23 Land and buildings		
24 Other assets (describe in Schedule O)	40,255.	34,712.
25 Total assets	122,878.	132,177.
26 Total liabilities (describe in Schedule O)	18,011.	21,533.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	104,867.	110,644.

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 CLUB**

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, optional for others)

28 PROVIDING COLLEGIATE SORORITY HOUSING, ACITIVIES, AND ENVIRONMENT		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(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 Total program service expenses (add lines 28a through 31a)	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 title	(b) 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 & deferred comp	(e) Estimated amount of other compensation
RACHEAEL ROSTAD				
PRESIDENT	6	0		
LISA JANAK				
VICE PRESIDENT	7	0		
AMY GROTSUN				
SECRETARY	2	0		
KRISTEN LEE				
TREASURER	5	0		
MORGAN HARM				
FOOD MGR	10	0		
ALLISON HASSLEN				
HOUSE CONTRACTOR	2	0		
TAYLOR HOMANN				
HOUSE MAINTENANCE	3	0		
ABIGAIL PORTER				
RECRUITMENT	3	0		
MALLORY PAGEL				
RECRUITMENT	3	0		
AUDREY LANE				
RECRUITMENT	3	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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes", to line 35a, has the organization filed a Form 990-T for the year? If "No", provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of KRISTEN LEE Telephone no. 815-980-2274 Located at 2067 CARTER AVE MN SAINT PAUL ZIP + 4 55108
42b 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)? If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country.
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

	Yes	No
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	46	

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

	Yes	No
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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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 title of each employee	(b) 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

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

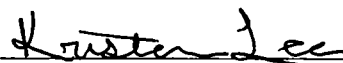
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."


(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations 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		11-9-15
	Signature of officer	Date
	KRISTEN LEE	TREASURER
	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
	MICHELLE BALLENSKY		11-5-15		P01208128
	Firm's name ▶ FRATERNITY PURCHASING ASSOCIATION	Firm's EIN ▶ 41-0265424	Phone no 612-624-5015		
	Firm's address ▶ 2221 UNIVERSITY AVE SE STE 111 MINNEAPOLIS MN 55414-				

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

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.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

CLOVIA SORORITY-BETA CHAPTER

Employer identification number

41-6169821

PART I, LINE 8 - OTHER REVENUE

FINES/MISC 1010

PART I, LINE 10 - GRANTS & SIMILAR AMOUNTS PAID

THE EMILY PROGRAM 136

PART I, LINE 16 - OTHER EXPENSES

SURPLUS TRANSFER 13370, CONVENTION 1867,

SCHOLARSHIPS TO MBRS 750, MISC 489

PART II, LINE 24 - OTHER ASSETS

ACCTS RECEIVABLE 22896, INVENTORY FOR RESALE/USE 7192

FURN/EQUIP LESS DEPREC 3624, FPA ADVANCE DEPOSIT 1000

PART II, LINE 26 - OTHER LIABILITIES

ACCTS PAYABLE 14933, MEMBER DEPOSITS 6600