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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

2015

Open to Public Inspection

Form **990-EZ**

▶ 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.

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning JUL 01, 2015 , and ending JUN 30, 2016										
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization CLOVIA SORORITY-BETA CHAPTER</td> <td>D Employer identification number 41-6169821</td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address) Room/suite 2221 UNIVERSITY AVE SE STE 111</td> <td>E Telephone number 612-624-5015</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS MN 55414</td> <td>F Group Exemption Number ▶</td> </tr> </table>	C Name of organization CLOVIA SORORITY-BETA CHAPTER		D Employer identification number 41-6169821	Number and street (or P O box, if mail is not delivered to street address) Room/suite 2221 UNIVERSITY AVE SE STE 111		E Telephone number 612-624-5015	City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS MN 55414		F Group Exemption Number ▶
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City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS MN 55414		F Group Exemption Number ▶								
G Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶	H Check <input checked="" type="checkbox"/> 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) - <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(7) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527										
K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> 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. ▶ \$ **171,964.**

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

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	25.
	2 Program service revenue including government fees and contracts	2	142,138.
	3 Membership dues and assessments	3	28,433.
	4 Investment income	4	196.
	5 a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b 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	576.
c Less: direct expenses from gaming and fundraising events	6c	452.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	124.	
7 a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8	596.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	171,512.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	700.
	11 Benefits paid to or for members	11	63,097.
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	4,716.
	14 Occupancy, rent, utilities, and maintenance	14	73,012.
	15 Printing, publications, postage, and shipping	15	916.
	16 Other expenses (describe in Schedule O)	16	4,722.
17 Total expenses. Add lines 10 through 16	17	147,163.	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	24,349.
	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	110,644.
	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	134,993.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2015)

BCA

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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	97,465.	118,994.
23 Land and buildings		
24 Other assets (describe in Schedule O)	34,712.	37,904.
25 Total assets	132,177.	156,898.
26 Total liabilities (describe in Schedule O)	21,533.	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	110,644.	156,898.

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, and deferred compensation	(e) Estimated amount of other compensation
JOHANNA KNORR PRESIDENT	15	0		
VALERIE EARLEY VICE PRESIDENT	3	0		
LISA JANAK SECRETARY	3	0		
CHRISTYN HOKANSON TREASURER	1	0		
ANNIE BENZINE FOOD MGR	6	0		
MIRANDA SCHWARTZ HOUSE CONTRACTOR	1	0		
ELLEN SHEEHAN HOUSE MAINTENANCE	3	0		
MEGAN SCHULTE RECRUITMENT	3	0		
GABRIELLA SORG RECRUITMENT	3	0		
KENNEDY JANSSEN 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?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35b If "Yes", to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice...
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?

Table with columns Yes and No, containing 'X' marks for questions 33, 34, 35a, 35b, 35c, 36, 38a, 40e.

- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 0
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 0
39b Gross receipts, included on line 9, for public use of club facilities 3,180.

- 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...
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...
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 CHRISTYN HOKANSON Telephone no 651-764-0790
Located at 2067 CARTER AVE MN SAINT PAUL ZIP + 4 55108

- b 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...
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

Table with columns Yes and No, containing 'X' marks for questions 42b and 42c.

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?
44b Did the organization operate one or more hospital facilities during the year?
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?
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)?

Table with columns Yes and No, containing 'X' marks for questions 44a, 44b, 44c, 45a, 45b.

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

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

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

47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No

48

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No

49a

b If "Yes," was the related organization a section 527 organization? Yes No

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 11/2/16
 Signature of officer: *Christyn Hokanson*
 Date: 11/2/16
 Type or print name and title: CHRISTYN HOKANSON TREASURER

Paid Preparer Use Only
 Print/Type preparer's name: MICHELLE BALLENSKY
 Preparer's signature: *Michelle Ballesky*
 Date: 10/31/16
 Check if self-employed PTIN: P01208125
 Firm's name: FRATERNITY PURCHASING ASSOCIATION
 Firm's EIN: 41-0265424
 Firm's address: 2221 UNIVERSITY AVE SE SUITE 111 MINNEAPOLIS MN 55414-
 Phone no: 612-624-5015

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2015

**Open to Public
Inspection**

Employer identification number

CLOVIA SORORITY-BETA CHAPTER

41-6169821

PART I, LINE 8 - OTHER REVENUE

FINES/MISC 596

PART I, LINE 10 - GRANTS & SIMILAR AMOUNTS PAID

AEON 200, ALPHA CHAPTER OF CLOVIA 50,

NATL ASSN OF CLOVIA 350, MN JR HOLSTEIN ASSN 50

PART I, LINE 16 - OTHER EXPENSES

SCHOLARSHIPS TO MEMBERS 350, NAT'L CONVENTION 2758

BAD DEBT WRITE OFF 1062, MISCELLANEOUS EXPENSE 552

PART II, LINE 24 - OTHER ASSETS

ACCTS RECEIVABLE 28,116, INVENTORY FOR SALE/USE 5,666

PREPAID EXPENSE 514, FURN/EQUIP LESS DEPREC 2,608

FPA ADVANCE DEPOSIT 1000

PART II, LINE 26 - OTHER LIABILITIES

ACCTS PAYABLE 9,855, MEMBER DEPOSITS 5,000

DEFERRED INCOME 7,050