

IRS COPY  
Short Form

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OMB No 1545-1150

Form **990-EZ**

**Return of Organization Exempt From Income Tax**

**2017**

**Open to Public Inspection**

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.
- Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2017 calendar year, or tax year beginning Jul 01, 2017, and ending Jun 30, 2018

<b>B</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	<b>C</b> Name of organization <b>CLOVIA SORORITY-BETA CHAPTER</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>2221 UNIVERSITY AVE SE STE 111</b> City or town State ZIP code <b>Minneapolis MN 55414</b> Foreign country name Foreign province/state/county Foreign postal code	<b>D</b> Employer identification number <b>41-6169821</b> <b>E</b> Telephone number <b>612-624-5015</b> <b>F</b> Group Exemption Number ▶ <b>18</b>
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**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: ▶ BETAOFCLOVIA.ORG

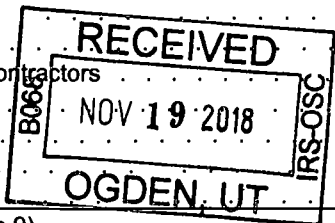
**J** Tax-exempt status (check only one) —  501(c)(3)  501(c)(7) (insert no.  4947(a)(1) or  527)

**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. ▶ \$ 170,261.

**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	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	<u>79.</u>
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	<u>143,351.</u>
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	<u>26,023.</u>
	<b>4</b> Investment income . . . . .	<b>4</b>	<u>113.</u>
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
<b>b</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 exceeds \$15,000) . . . . .	<b>6b</b>	<u>497.</u>	
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	<u>179.</u>	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	<u>318.</u>	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>	<u>198.</u>	
<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶	<b>9</b>	<u>170,082.</u>	
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	<u>1,813.</u>
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	<u>65,136.</u>
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	<u>4,716.</u>
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	<u>79,722.</u>
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	<u>1,319.</u>
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	<u>3,511.</u>
	<b>17</b> Total expenses. Add lines 10 through 16. ▶	<b>17</b>	<u>156,217.</u>
	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	<u>13,865.</u>
	<b>19</b> 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) . . . . .	<b>19</b>	<u>149,040.</u>
<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	<u>(1.)</u>	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20. ▶	<b>21</b>	<u>162,904.</u>	



EXPIRES DATE NOV 15 2018

SCANNED BY NetAssets 7 2018

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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	135,647.	22 160,083.
23 Land and buildings		23
24 Other assets (describe in Schedule O)	27,954.	24 25,388.
25 Total assets	163,601.	25 185,471.
26 Total liabilities (describe in Schedule O)	14,561.	26 22,567.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	149,040.	27 162,904.

**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 <u>PROVIDING COLLEGIATE SORORITY HOUSING, ACITIVIES, AND ENVIRONMENT</u>	(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
PAIGE HILDEBRANDT PRESIDENT	Hr/WK 5		0	
EMILY ANNEXSTAD VICE PRESIDENT	Hr/WK 5		0	
MORGAN KRAUSE SECRETARY	Hr/WK 4		0	
AMBER CAFFERTY TREASURER	Hr/WK 4		0	
CATIE SCHMIDT FOOD MGR	Hr/WK 5		0	
ASHLEY WARREN HOUSE CONTRACTOR	Hr/WK 3		0	
EMMA SEVERNS HOUSE MAINTENANCE	Hr/WK 3		0	
MADISON MUIR RECRUITMENT	Hr/WK 3 0		0	
RACHEL EVERSELE RECRUITMENT	Hr/WK 3		0	
MEGAN SLATER RECRUITMENT	Hr/WK 3			
	Hr/WK			
	Hr/WK			

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.
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35 b If "Yes" to line 35a, has the organization filed a Form 990-T for the year?
35 c 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?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37 b Did the organization file Form 1120-POL for this year?
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee...
38 b If "Yes," complete Schedule L, Part II and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39 a Initiation fees and capital contributions included on line 9.
39 b Gross receipts, included on line 9, for public use of club facilities.
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40 b 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...
40 c 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...
40 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.
40 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed.
42 a The organization's books are in care of AMBER CAFFERTY Telephone no. 507-450-2225
Located at 2067 CARTER City SAINT PAUL ST MN ZIP + 4 55108
42 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...
42 c At any time during the calendar year, did the organization maintain an office outside the United States?
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.
44 a Did the organization maintain any donor advised funds during the year?
44 b Did the organization operate one or more hospital facilities during the year?
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

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 Yes No

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. 47 Yes No

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

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

b If "Yes," was the related organization a section 527 organization? 49b Yes No

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."

Table with 5 columns: (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."

Table with 3 columns: (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: Signature of officer (Amber Cafferty), Date (11/2/18), Type or print name and title (TREASURER)

Paid Preparer Use Only: Print/Type preparer's name (MICHELLE BALLENSKY), Preparer's signature, Date (10/25/18), Check self-employed, PTIN (P01208125), Firm's name (FRATERNITY PURCHASING ASSOCIATION), Firm's EIN (41-0265424), Firm's address (2221 UNIVERSITY AVE 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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Employer identification number

CLOVIA SORORITY-BETA CHAPTER

41-6169821

PART I, LINE 8 - OTHER REVENUE

MISCELLANEOUS 198

PART I, LINE 10 - GRANTS & SIMILAR AMOUNTS PAID

ALUMNAE BETA OF CLOVIA 1500, MUSCULAR DYSTROPHY 313

PART I, LINE 16 - OTHER EXPENSES

SCHOLARSHIPS TO MEMBERS 675, CONVENTION 1836,

MISCELLANEOUS 1000

PART II, LINE 24 - OTHER ASSETS

ACCOUNTS RECEIVABLE 16289, INVENTORY FOR SALE/USE 7083

FURNITURE/EQUIP LESS DEPRECIATION 1017,

FPA ADVANCE DEPOSIT 1000

PART II, LINE 26 - OTHER LIABILITIES

ACCOUNTS PAYABLE 13507, DEFERRED INCOME 3660,

MEMBER SECURITY DEPOSITS 5400