

IRS COPY  
Short Form

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OMB No. 1545-1150

2018

Open to Public Inspection

Form 990-EZ

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.
- 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 2018 calendar year, or tax year beginning Jul 01, 2018, and ending Jun 30, 2019

B Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

C Name of organization: CLOVIA SORORITY-BETA CHAPTER  
 Number and street (or PO box, if mail is not delivered to street address): 2221 UNIVERSITY AVE SE STE 111  
 Room/suite: [blank]  
 City or town: Minneapolis State: MN ZIP code: 55414  
 Foreign country name: [blank] Foreign province/state/county: [blank] Foreign postal code: 07

D Employer identification number: 41-6169821  
 E Telephone number: 612-624-5015  
 F Group Exemption Number: [blank]

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

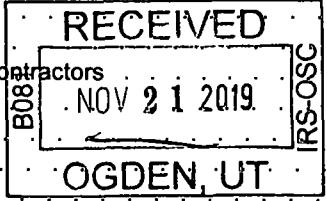
I Website: BETAOFCLOVIA.ORG  
 J Tax-exempt status (check only one) —  501(c)(3)  501(c)(7) (insert no.  4947(a)(1) or  527

K Form of organization:  Corporation  Trust  Association  Other SOCIAL CLUB

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 168,872.

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

1	Contributions, gifts, grants, and similar amounts received	130.
2	Program service revenue including government fees and contracts	135,925.
3	Membership dues and assessments	27,140.
4	Investment income	353.
5a	Gross amount from sale of assets other than inventory	
5b	Less: cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
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 exceeds \$15,000)	475.
6c	Less: direct expenses from gaming and fundraising events	186.
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	289.
7a	Gross sales of inventory, less returns and allowances	
7b	Less: cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe in Schedule O)	4,849.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	168,686.
10	Grants and similar amounts paid (list in Schedule O)	720.
11	Benefits paid to or for members	62,616.
12	Salaries, other compensation, and employee benefits	
13	Professional fees and other payments to independent contractors	4,716.
14	Occupancy, rent, utilities, and maintenance	83,506.
15	Printing, publications, postage, and shipping	991.
16	Other expenses (describe in Schedule O)	2,452.
17	Total expenses. Add lines 10 through 16	155,001.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	13,685.
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)	162,904.
20	Other changes in net assets or fund balances (explain in Schedule O)	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	176,589.



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ENVELOPE POSTMARK DATE NOV 18 2019

SCANNED JAN 08 2020 Revenue

Expenses

Net Assets

**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	160,083.	22 171,810.
23 Land and buildings		23
24 Other assets (describe in Schedule O)	25,388.	24 14,517.
25 Total assets	185,471.	25 186,327.
26 Total liabilities (describe in Schedule O)	22,567.	26 9,737.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	162,904.	27 176,590.

**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
ASHLEY WARREN PRESIDENT	Hr/WK 4		0	
LAURA WYATT VICE PRESIDENT	Hr/WK 3		0	
CATHERINE SCHMIDT SECRETARY	Hr/WK 2		0	
SALLY FRANDRUP TREASURER	Hr/WK 3		0	
EMELIA MELSON FOOD MGR	Hr/WK 3		0	
ELIZABETH WIPPLER HOUSE CONTRACTOR	Hr/WK 2		0	
SIERRA SWANSON HOUSE MAINTENANCE	Hr/WK 2		0	
RAMSEY PIOTTER RECRUITMENT	Hr/WK 2	0	0	
ROBIN TIDD RECRUITMENT	Hr/WK 2		0	
KATHERINE GATHJE RECRUITMENT	Hr/WK 2		0	
EMILY ANNEXTAD SISTERHOOD RELATIONS	Hr/WK 1			
	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.

	Yes	No
<b>33</b> 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. . . . .		X
<b>34</b> 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 . . . . .		X
<b>35 a</b> 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)? . . . . .	X	
<b>b</b> If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. . . . .	X	
<b>c</b> 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. . . . .		
<b>36</b> 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. . . . .		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0		
<b>b</b> Did the organization file Form 1120-POL for this year? . . . . .		
<b>38 a</b> 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? . . . . .		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b> 0	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b> 6,399.	
<b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</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, 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. . . . .	<b>40b</b>	
<b>c</b> 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 . . . . . ▶		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
<b>e</b> 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. . . . .	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed. ▶		
<b>42 a</b> The organization's books are in care of ▶ <u>SALLY FRANDRUP</u> Telephone no. ▶ <u>651-276-8428</u> Located at ▶ <u>2067 CARTER</u> City <u>SAINT PAUL</u> ST <u>MN</u> ZIP + 4 ▶ <u>55108</u>		
<b>b</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 (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).	<b>42b</b>	X
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? . . . . . If "Yes," enter the name of the foreign country: ▶	<b>42c</b>	X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44b</b>	X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	X
<b>45 b</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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions. . . . .	<b>45b</b>	X

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

49 a 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."

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 Sally Frandrup Signature of officer 10/25/19 Date TRESURER Type or print name and title

Paid Preparer Use Only MICELLE BALLENSKY Preparer's name MICELLE BALLENSKY Preparer's signature MICELLE BALLENSKY Date 10-25-19 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

**2018**

Open to Public  
Inspection

Employer identification number

CLOVIA SORORITY-BETA CHAPTER

41-6169821

PART I, LINE 8 - OTHER REVENUE

DEPOSITS FORFEITED 800, CONVENTION/CONFERENCE 205,

RESALE TO MEMBERS 3,092, FINES/MISC 752

PART I, LINE 10 - GRANTS & SIMILAR AMOUNTS PAID

EPILEPSY FOUNDATION 300, LEUKEMIA LYMPHOMA SOCIETY 165,

SECOND HARVEST HEARTLAND 250

PART I, LINE 16 - OTHER EXPENSES

SCHOLARSHIPS TO MEMBERS 650, CONVENTION/CONFERENCE 625,

MISCELLANEOUS 1177

PART II, LINE 24 - OTHER ASSETS

ACCOUNTS RECEIVABLE 6,418, INVENTORY FOR SALE/USE 5,226

PREPAID EXPENSE 700, FURN/EQUIP LESS DEPRECIATION 1,174

FPA ADVANCE DEPOSIT 1000

PART II, LINE 26 - OTHER LIABILITIES

ACCOUNTS PAYABLE 285, MEMBER SECURITY DEPOSITS 1600,

DEFERRED INCOME 7852