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: VCP FILER

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Open to Public Inspection

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 and controlling organizations as defined in section 512(b)(13) must file Form
990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

Α	For the 2009 calendar year, or tax year beginning	, 2009, and ending
В	Check if applicable Please C	D Employer identification number
	Address change use IRS CHI OMEGA FRATERNITY THETA	
=	Name change label or 1414 N JORDAN AVENUE	E Telephone number
	Initial return type. BLOOMINGTON, IN 47406	<u> </u>
	Termination Specific Amended return Instruc-	F Group Exemption
	Application pending	Number •
	 Section 501(c)(3) organizations and 4947(a)(1) nonexempt of must attach a completed Schedule A (Form 990 or 9. 	naritable trusts G Accounting method: X Cash Accrual Other (specify) ►
	must attach a completed Schedule A (1 omi 550 of 5.	H Check ► X If the organization is not
ı	Website: ► N/A	required to attach Schedule B (Form 990,
J	Tax-exempt status (check only one) — X 501(c) (7) ◀ (Insert no.)	4947(a)(1) or 527 990-EZ, or 990-PF)
K	Check ► If the organization is not a section 509(a)(3) supporting \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization is not required, but if the organization is not required.	g organization and its gross receipts are normally not more than
L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$	500,000 or more, file Form 990
1	instead of Form 990-EZ	►\$ 84,450.
Pa		ets or Fund Balances (See the instructions for Part I.)
	1 Contributions, gifts, grants, and similar amounts received	racts 1 2
	Program service revenue including government fees and con	3 84,450.
	3 Membership dues and assessments	4
	4 Investment income	· 1 1
	5a Gross amount from sale of assets other than inventory	5a
_	b Less: cost or other basis and sales expenses .	
æË.	c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in	
2 £	6 Special events and activities (complete applicable parts of Schedule G) If any	
REVEZUE	3.	ntributions
	reported on line 1)	6a
⇒1	b Less: direct expenses other than fundraising expenses	6b
⊳	c Net income or (loss) from special events and activities (Subtract line 6b from	
2	7a 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 7	
	8 Other revenue (describe ►) 8
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	▶ 9 84,450.
	10 Grants and similar amounts paid (attach schedule)	. 10
F	11 Benefits paid to or for members .	
ž	12 Salaries, other compensation, and employee benefits	. [12]
Ē	13 Professional fees and other payments to independent contra	etors 13
N S	14 Occupancy, rent, utilities, and maintenance	14
E S	15 Printing, publications, postage, and shipping	. 15
3	16 Other expenses (describe ► SEE STATEMENT 1) 16 84,450.
	17 Total expenses. Add lines 10 through 16	► 17 84,450.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18 0.
N E	19 Net assets or fund balances at beginning of year (from line 2 figure reported on prior year's return)	7, column (A)) (must agree with end-of-year 19 0.
Ť	20 Other changes in net assets or fund balances (attach explan	
Ś	21 Net assets or fund balances at end of year Combine lines 1	
P) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ
	(See the instructions for Part II-)	(A) Beginning of year (B) End of year
22	a o i	(A) Beginning of year (B) End of year
23	ULL 10 2040	23
24) 24
25	5 Total accets	0. 25 0.
26) . 0. 26 0.
(7 Net assets or fund balances (line 27 of column (B) must agree	ith line 21) 0 . 27 0 .

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **990-EZ** (2009)

Form	990-E	Z (2009) CHI O	MEGA FRATE	RNITY THETA BETA C	HAPTER	35	5-086	57774 Page 2
Par				vice Accomplishments		ons.)		Expenses
What is	s the ora			E STATEMENT 2			Reg	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional
Desc	ribe wh	nat was achieved in	n carrying out th	e organization's exempt purp	oses In a clear and co	ncise manner,	orga	nizations and section
descr	ibe the	services provided	d, the number of	e organization's exempt purp persons benefited, or other i	relevant information for	each	4947	(a)(1) trusts, optional thers)
	am title	e <u> </u>					1101 0	l liers)
28							┨	l
							4	
			 _				,	
	(Grant	s \$) If th	is amount includes foreign gr	rants, check here	•	28 a	
29								
							7	
							1	
	(Crost			s amount includes foreign gr	rants chack hare		1 29 a	
	(Grant	.5 7) 11 111	is amount includes loreign gr	ants, check here		250	
30							┨	
							4	
							d	
	(Grant			is amount includes foreign gr	rants, check here		30 a	
31		program services	•				,	
	(Grant			is amount includes foreign gr	rants, check here	<u> </u>	31 a	
				nes 28a through 31a).			32	
Par	t IV	List of Office	rs, Directors,	Trustees, and Key Em		ne even if not co	npens	ated (See the instrs)
				(b) Title and average hours	(c) Compensation (If	(d) Contribution	s to	(e) Expense account
	1	(a) Name and add	lress	per week devoted to position	not paid, enter -0)	employee benefit pla deferred compens	ans and	and other allowances
<u> </u>	T 3 M	AVIOD			0.	deterred compens	0.	0.
		AYLOR	<u></u>	PRESIDENT			υ.	١.
		JORDAN AVEN		10.00				
		GTON, IN 474	406	·				
TAY	LOR	CATES		TREASURER	0.		0.	0.
141	4 N	JORDAN AVENU	UE	15.00				
BLC	OMIN	GTON, IN 47	406					
		FROHLICHSTE:		VICE PRESIDENT	0.		0.	0.
		JORDAN AVEN		3.00			• •	
				3.00				
		GTON, IN 47	406	CECDEMARY				0.
		E MCALOON		SECRETARY			0.	٠.
		RDAN AVENUE		3.00				
BLC	<u>OMIN</u>	GTON, IN 47	406					
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aı	Other information (Note the Statement requirements in the materior at the			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			v
2.4	each activity Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	33	-	X
		<u> </u>	<u> </u>	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
á	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		х
ŧ	Yes,' has it filed a tax return on Form 990-T for this year? I the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the ar? If 'Yes,' complete applicable parts of Schedule N 35b 36			
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the	36		х
37 a	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	- 55		
	b Did the organization file Form 1120-POL for this year?	37b		Х
38 a	a 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 period covered by this return?	38a		Х
ł	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved . 38b N/A			
39	Section 501(c)(7) organizations. Enter	٠ ،		
	a Initiation fees and capital contributions included on line 9	ļ		
	b Gross receipts, included on line 9, for public use of club facilities	-		
4U 8	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A	ł		
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	40 b		
(c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
•	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . • 0 .		,	
•	e 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	40 e		X
	List the states with which a copy of this return is filed NONE			
42.	a The organization's			
4Z (books are in care of ► TAYLOR CATES Telephone no. ► 812-3	<u> 32-1</u>	<u>166</u>	
	Located at ► 1414 N JORDAN AVENEU BLOOMINGTON IN ZIP + 4 ► 47406			
,	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
•	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		X
	If 'Yes,' enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.			
•	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		Х
	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	ľ	-	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
11	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead		103	.,,,,
	of Form 990-EZ	44		Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		х

►X Yes No

Form 990-EZ (2009)

May the IRS discuss this return with the preparer shown above? See instructions

BAA

Ram VI	501(c)(3) organizations and se	ction 4947(a)(1) nor	exempt charr	table tru	sts must answer o	uestio	ns	1
A6 Did	46-49b and complete the table		 	of or in on	nosition to candidates		Yes	No
for	the organization engage in direct or indire public office? If 'Yes,' complete Schedule	C, Part I	ivides on benan	01 01 III 0p	position to candidates	46		
	the organization engage in lobbying activi					47		
	ne organization a school as described in so				Ε .	48		
49 a Did	the organization make any transfers to an	exempt non-charitable i	elated organizati	ion?		49a		
	es, was the related organization a section	•				. 49b		
50 Con	nplete this table for the organization's five bloyees) who each received more than \$10	highest compensated er	nployees (other t	than officer	rs, directors, trustees ere is none, enter 'Noi	and key		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Co	ontributions to employee benefit plans and ferred compensation	(e) Ex	pense nt and owance:	s
f Tota	al number of other employees paid over \$	100,000						
51 Cor	nplete this table for the organization's five opensation from the organization. If there i	highest compensated in s none, enter 'None '	dependent contra	actors who	each received more t	han \$10	0,000	of
	(a) Name and address of each independent cont	ractor paid more than \$100,000		(b) Ty	rpe of service	(c) Comp	ensatio	n
d Tota	al number of other independent contractor	s each receiving over \$1	00,000	-				
	Under penalties of perjury, I declare that I have exan true, correct, and complete Declaration of preparer (nined this return, including accomposite than officer) is based on all	panying schedules and information of which	d statements, preparer has a	and to the best of my knowle	dge and be	elief, it is	;
Sign Here	Jaylor Cotes 10/14/10							
Here	Signature of officer Type or print name and title	-TREASUR	er		ate			
Paid	Preparer's signature		Date 10 -	14-10	Check if See (See)	er's Identifistructions	ying Nu	mber
Pre- parer's	Firm's name (or TODD CARPENTER,	CPA, PC						
Use	employed), 811 NORTH WALNU				 	<u>-2005</u>		
Only	Only ZIP + 4 BLOOMINGTON, IN 47404-3583				Phone no ► (812)	331-	TARP)

2009	FEDERAL S	STATEMENTS			PAGE 1
CLIENT CHICHAPT	CHI OMEGA FRATERNI	TY THETA BETA CHA	APTER	_	35-0867774
10/14/10	· · · · · · · · · · · · · · · · · · ·				10·50AM
STATEMENT 1 FORM 990-EZ, PART I, OTHER EXPENSES BANNERS COMMUNITY SERVICE CONFERENCES, CONVE NATIONAL CHAPTER D NATIONAL CONSULTAN NEW MEMBER START U NEW RECRUITMENT EX PHILANTHROPY SPECIAL EVENTS IU SPECIAL EVENTS SIS	EXPENSES NTIONS, AND MEETINGS UES AND FEES T P FEES PENSE SING TLE 500		TOTAL	\$	415. 4,903. 14,682. 38,999. 1,034. 7,347. 5,878. 892. 15. 4,613. 5,672. 84,450.

STATEMENT 2 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

• • • •

TO PROVIDE MEMBERS WITH OPPORTUNITIES IN LEADERSHIP, EXCELLENCE IN ACADEMIC AND INTELLECTUAL PURSUITS AND ENCOURAGE COMMUNITY SERVICE AND SOCIAL ENRICHMENT