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2009

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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder 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
► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning **JULY 1**, 2009, and ending **JUNE 30**, 2010

B Check if applicable	C Name of organization PI CHI OMEGA INC	D Employer identification number 34-1160151
<input type="checkbox"/> Address change	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite
<input type="checkbox"/> Name change	E Telephone number 302-376-6714	
<input type="checkbox"/> Initial return	F Group Exemption Number ►	
<input type="checkbox"/> Terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: Cash Accrual
Other (specify) ►I Website: ► <http://www.pichiomega.org>H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).J Tax-exempt status (check only one) — 501(c) (7) ▲ (insert no.) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 2400
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 18404
	4 Investment income	4 2074
	5a 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 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a 14700
b Less: direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 14700	
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 7b from line 7a)	7c	
8 Other revenue (describe ►)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9 37578	
Expenses	10 Grants and similar amounts paid (attach schedule)	10 8000
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 4775
	13 Professional fees and other payments to independent contractors	13 175
	14 Occupancy, rent, utilities, and maintenance	14 604
	15 Printing, publications, postage, and shipping	15 1665
	16 Other expenses (describe ► <i>CONVENTIONS, TRAVEL & MISCELLANEOUS</i>)	16 9305
	17 Total expenses. Add lines 10 through 16 ►	17 24524
	18 Net Assets at beginning of year (Subtract line 17 from line 9)	18 13054
	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 108721
	20 Other changes in net assets or fund balances (attach explanation)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 121775

Net Assets 2010	RECEIVED		
	(See the instructions for Part II.)	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	108721 22	121775	
23 Land and buildings	23		
24 Other assets (describe ►)	24		
25 Total assets	108721 25	121775	
26 Total liabilities (describe ►)	26		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	108721 27	121775	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

SCANNED DEC 06 2010 OGDEN, UT	(See the instructions for Part II.)	(A) Beginning of year	(B) End of year
	22 Cash, savings, and investments	108721 22	121775
	23 Land and buildings	23	
	24 Other assets (describe ►)	24	
	25 Total assets	108721 25	121775
	26 Total liabilities (describe ►)	26	
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	108721 27	121775

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

- 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
- 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes
- 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.
- 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?
- b If "Yes," has it filed a tax return on Form 990-T for this year?
- 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. ► 37a
- b 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 period covered by this return?
- b If "Yes," complete Schedule L, Part II and enter the total amount involved
- 39 Section 501(c)(7) organizations. Enter:
- a Initiation fees and capital contributions included on line 9
- b 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 ► _____
- 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
- 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 ► _____
- 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.

41 List the states with which a copy of this return is filed. ► _____

42a The organization's books are in care of ► VERN TOBLAN Telephone no. ► 302-376-6714
Located at ► CORPORATE OFFICE ZIP + 4 ► _____

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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c 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

- 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ
- 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

	Yes	No
33		✓
34		✓
35a		✓
35b		
36		✓
37b		
38a		
38b		
39a		
39b		
40b		
40e		

	Yes	No
42b		✓
42c		✓

	Yes	No
44		✓
45		✓

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 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."

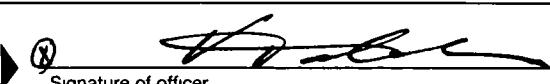
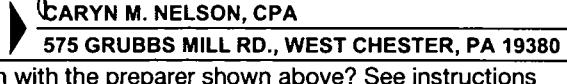
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►

Sign Here	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		
	 Signature of officer VERN TOBLAN, EXECUTIVE DIRECTOR Type or print name and title		
	Date 11-8-10		
Paid Preparer's Use Only	Preparer's signature 	Date 11-4-10	Check if self-employed <input checked="" type="checkbox"/> Preparer's identifying number (See instructions) P00139519
	Firm's name (or yours if self-employed), address, and ZIP + 4  CARYN M. NELSON, CPA 575 GRUBBS MILL RD., WEST CHESTER, PA 19380	EIN ► 23-2987702	Phone no ► 610-696-8003
May the IRS discuss this return with the preparer shown above? See instructions ► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

990EZ

PI CHI OMEGA INC.

34-1160151

PART III – Statement of Program Service Accomplishments.

PROMOTE EDUCATION WITHIN THE PEST MANAGEMENT INDUSTRY WITH SCHOLARSHIPS TO STUDENTS & BRINGING NEW IDEAS & INFORMATION TO THE INDUSTRY VIA PROMOTIONAL SPEAKERS & SUPPORTIVE EDUCATIONAL ENDEAVORS.

990 EZ PART IV PI CHI OMEGA INC 34-1160151 2009 OFFICERS

A	B	C	D	E
Vern E. Toblan PO Box 8149 Wilmington, DE 19803	Executive Director/ Treasurer 16 hours		4,775 00	
Dr. Cisse Spragins 1512 Taney Lane Kansas City, MO 64116	President 2 hours		0	
Dr. James E. Sargent W 175 N 5711 Technology Dr. Menomonee Falls, WI 53051	President Elect 2 hours		0	
Dr Gerald S Wegner, Im 5220 Westerville Road Columbus, OH 43231	Past President 2 hours		0	
Kim Kelly-Tunis 2609 Atlantic Ave., Ste 115 Raleigh, NC 27604	Secretary 3 hours		0	
Dr Clay W Scherer 4417 Lancaster Pike Wilmington, DE 19880	Director 2 hours		0	
Jeffrey A Weier, RS, BCE PO Box 2222 Tacoma, WA 98401	Director 2 hours		0	
Debra L Logue 9409 Carlswood Court Raleigh, NC 27613	Director 2 hours		0	
Richard C Berman, BCE PO Box 540538 Waltham, MA 02454	Director 2 hours		0	