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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 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

OMB No 1545-1150

2009

Open to Public Inspection-

		nt of the Treasur	,	assets les	s than \$1,250,000 at the have to use a copy of	e end of the year may	y use this	form rtına requirem	ents		Insp	ection		
_	For the 2009 calendar year, or tax year beginning The organization may have to use a copy of this return to satisfy state reporting rec					quirements								
_		k if applicable								mployer identification number				
		ess change	use IRS	Chi Omega Fraternit	mega Fraternity, Inc Eta Kappa Chapter				43-1174460					
	Nam	e change	label or print or	Number and street (or P		<u>-</u>	ress) R	loom/suite	E Telephone number					
뇓		ll return ninated	type See	c/o Maureen Ederle,	2771 Firelight Dr		·		·	314-894-3891				
H	l I		Specific	City or town, state or co					E Grour	roup Exemption				
H	i	nded return lication pending	Instruc- tions	St. Louis, MO 63129	•				P Group Numb		•			
=				zations and 4947(a)(1)		able truete must a	ttoch	G Accou	nting Method					
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	Wel	Website: ► N/A H Check ► ☑ If required to atta												
		-		only one; — 🗹 501(c) (7) ◀ (insert no)	4947(a)(1) or	527	1	Z, or 990	o attach Schedule B (Form 990, r 990-PF)				
		ck ▶ □		ization is not a section !							ore than \$2	25.000 A		
••				eturn is not required bi								.5,000 A		
L				e 9 to determine gross re						<u> </u>		173,550		
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9			_	oss) from sales of inv	rentoni (Subtract li	ne 7h from line 7			—~~	7c		0		
	1,		revenue (d		entory (Subtract ii	ne / D iron inte /	aj		, F	8				
				Add lines 1, 2, 3, 4, 5	c 6c 7c and 8				─` ├	9		173,550		
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Ž	K I			tions, postage, and s			•		·	15		239		
	1.			(describe ► I depre		 . prop. tax. insura:	nce, cor	D. expenses	<u>,</u> ; ; }	16		64,771		
	- 1			Add lines 10 through		, proprietari, modific	,	pi experious		17		166,707		
	1	8 Exces	ss or (defici	t)-for the year (Subtra	october 47 from lin	<u> </u>		<u> </u>		18		6,843		
Ctock told	ğ 1	9 Net a	ssets or fu	nd balances-at-begi	phino of year (fro	m line 27. colum	nn (A)) (i	must anree	with	-10				
ز	ĝ			re reported on prior y		.,	(47 (aoi agroc		19		48,737		
7	ີ ,			n net assets or fund b		volanation)	_'	-	· }	20		0		
2	2 2	21 Net a	ssets or fur	nd balances at end or	f vaar Combine lii	nes 18 through 2	· .		· • •	21		55,580		
	Pari			ets. If Total assets of				ore, file For	m 990 u		ad of Form			
	ومد				ons for Part II)	· .			jinning of			nd of year -* *		
•	22	Cash sa	vinas andi	nvestments	2.10 101 1 41 11/17	:	-			,693				
	23		virigs, and i buildings		•			-		3,044		8,101 47,479		
	24		sets (descri	he ▶				` 			24	41,419		
	25	Total as						·'	49	3,737		55,580		
	26		otal labilities (describe ►				-+0		26	35,560				
	27						48	3,737		55,580				



Par	[Expenses				
Nha	(Required for section 501(c)(3) and 501(c)(4)					
			zation's exempt purposes. In a clear and concise			
	•	persons benefited, and other relevant information for				izations and section a)(1) trusts, optional
each	program title				for oth	hers)
28	The House Corporation provides economical and sa		···))	
	Chi Omega Sorority at the Missouri University of Sci	ence and Technology All me	mbers are student	s at	!	
	the University					
	(Grants \$) If this amount	includes foreign grants, che	eck here	<u> </u>	28a	166,468
29		1				
	(Create C) If the amount	00-				
30	(Grants \$) If this amount	includes foreign grants, che	eck nere .	. ▶ ⊔	29a	
30						
	(Grants \$) If this amount	includes foreign grants, che	eck here	▶ □	30a	1
31	Other program services (attach schedule)	,			1	
	· · · · · · · · · · · · · · · · · · ·	includes foreign grants, che	eck here	▶ 🗍	31a	
32	Total program service expenses (add lines 28a	through 31a) .		>	32	166,468
Par	t IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	en if not compensa	ted (See the	ınstruc	tions for Part IV)
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributio employee benefit		(e) Expense account and
		devoted to position	enter -0)	deferred compe	nsation	other allowances
	para N Hale	President, 12	'			
	Oak Knoll, Rolla, MO 65401		0	ļ	0	0
	reen Ederle	Treasurer, 8	_		_ :	
	1 Firelight Dr., St. Louis, MO 63129		0		0	0
	/ Deiters	Secretary, 1	_		•	_
	5 Wellington Way, 3B, St. Louis, MO 63105 ce Trimble		0	 	0	0
	30 State Rt BB, Rolla, MO 65401	Trustee, 0	,	0		0
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Form 99	0-EZ (2009)		P	age 3					
Part '	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	33	Yes	No ✓					
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓					
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								
а	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?	35a		✓					
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year? 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	35b 36		✓					
	Enter amount of political expenditures, direct or indirect, as described in the instructions. N/A N/A	37b							
	Did the organization file Form 1120-POL for this year? 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 39	If "Yes," complete Schedule L, Part II and enter the total amount involved								
а	Initiation fees and capital contributions included on line 9								
ь 40а	Gross receipts, included on line 9, for public use of club facilities . 39b 0 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	40b							
С	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								
е	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	40e		1					
41	List the states with which a copy of this return is filed. ▶								
42a	The organization's books are in care of ▶ Maureen Ederle Located at ▶ 2771 Firelight Dr , St. Louis, MO 63129 ZIP + 4 ▶								
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	63129	-2333						
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No					
	account)?	42b	ļ	1					
	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.								
С	At any time during the calendar year, did the organization maintain an office outside of the US? . If "Yes," enter the name of the foreign country	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			▶ □ 					
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	Yes	No					
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		1					
	Fo	m 990	n-F7	(2000)					

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

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1 47(a)(1) nonexempted 51.) nonexem ot charitabl	npt charita e trusts m	able trusts only. August answer questi	All secons 4	tion 6–49	b			
46	Did the organization engage in direct or indirect	political campaigr	activities o	n behalf of	or in opposition to		Yes	No			
	candidates for public office? If "Yes," complete Schedule C, Part I										
	Did the organization engage in lobbying activities	47	ļ	ļ							
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E										
	Did the organization make any transfers to an exempt non-charitable related organization?										
	· · · · · · · · · · · · · · · · · · ·										
30	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 than \$100,						(e) Expense & account and				
	Total number of other employees paid over \$100 Complete this table for the organization's five \$100,000 of compensation from the organizatio	highest compensa n If there is none,	enter "None	"	actors who each re-		more				
d	Total number of other independent contractors of	each receiving over	\$100,000								
Sign Here	1 1 1/14 1/2010										
Paid Prepar	Fill Silane (Oi		Date	Check if self- employed ▶	Preparer's identifying r	iumber (S	ee instru	uctions)			
Use Oi	yours if self-employed), address, and ZIP + 4				Phone no ▶						



FORM 990 STATEMENT OF ORGANIZATION'S STATEMENT #
PART III PRIMARY EXEMPT PURPOSE

EXPLANATION

TO PROMOTE LASTING AND ENDURING FRIENDSHIPS AMONG ITS MEMBERS; TO FOSTER HIGHER STANDARDS OF INTELLECTUAL ACHIEVEMENT AND ETHICAL BEHAVIOR AMONG ITS MEMBERS; TO PROMOTE THE EDUCATION OF ITS CHAPTER MEMBERS AND TO PROMOTE THE EDUCATIONAL AND SOCIAL MILIEU OF THE COLLEGE WHERE IT'S CHAPTER OF CHI OMEGA FRATERNITY IS ESTABLISHED; AND TO PROMOTE THE DEVELOPMENT OF EDUCATION AND ADVANCEMENT IN LIFE OF ITS COLLEGIATE MEMBERS.