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Short 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2011

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning 07/01/11, and ending 06/30/12

B Check if applicable

C Name of organization

PI CHI OMEGA

Address change

Number and street (or P O box if mail is not delivered to street address)

P. O. BOX 8149

Room/suite

Name change

Initial return

Terminated

Amended return

Application pending

City or town, state or country, and ZIP + 4

WILMINGTON DE 19803

D Employer identification number

34-1160151

E Telephone number

302-376-6714

F Group Exemption

Number

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: ► WWW.PICHIOMEGA.ORG

J Tax-exempt status (check only one) —

501(c)(3) 501(c)(7) (insert no.) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 37,378

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	1	14,408
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	16,640
4 Investment income	4	3,445
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 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	2,885
c Less: direct expenses from gaming and fundraising events	6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2,885
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 in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	37,378
10 Grants and similar amounts paid (list in Schedule O)	10	9,000
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	4,743
14 Occupancy, rent, utilities, and maintenance	14	604
15 Printing, publications, postage, and shipping	15	1,117
16 Other expenses (describe in Schedule O)	16	11,213
17 Total expenses. Add lines 10 through 16	17	26,677
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,701
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	151,119
20 Other changes in net assets or fund balances (explain in Schedule O)	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	161,820

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

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	151,119	22	161,820
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	151,119	25	161,820
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	151,119	27	161,820

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?

SEE SCHEDULE O

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

28 N/A

(Grants \$) If this amount includes foreign grants, check here ►

28a

29

(Grants \$) If this amount includes foreign grants, check here ►

29a

30

(Grants \$) If this amount includes foreign grants, check here ►

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ►

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 address	(b) Title and 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
VERN E. TOBLAN P.O. BOX 8149	WILMINGTON DE 19803	EXECUTIVE DIRECTOR 16.00	4,548	0
DR. JAMES E. SARGENT W. 175 N. 5711 TECHNOLOGY DRIVE	MENOMONEE FALLS WI 53051	PRESIDENT 2.00	0	0
KIM KELLEY-TUNIS 2609 ATLANTIC AVE., STE. 115	RALEIGH NC 27604	PRESIDENT ELECT 2.00	0	0
DR. CISSE SPRAGINS 1257 BEDFORD AVENUE	KANSAS CITY MO 64116	PAST PRESIDENT 2.00	0	0
DR. STUART E. MITCHELL 1705 45TH STREET	DES MOINES IA 50310	SECRETARY 2.00	0	0
DR. ERIC SMITH 3712 CAMPBELL AVENUE	LYNCHBURG VA 24506	DIRECTOR 0.00	0	0
ROLAND RHODES P.O. BOX 3204	KANSAS CITY MO 66103	DIRECTOR 2.00	0	0
DALE A. BAKER 1393 EAST HIGHLAND ROAD	TWINSBURG OH 44087	DIRECTOR 2.00	0	0
DR. NICOLA T. GALLAGHER 2307 SHUFORD DRIVE	COLUMBUS OH 43210	DIRECTOR 0.00	0	0
DANIEL MORELAND 4020 KINROSS LAKES PARKWAY	RICHFIELD OH 44286	ADVISORY MEMBER 2.00	0	0

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 33

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. Otherwise, explain the change on Schedule O (see instructions) 34

35a 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)? 35a

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 35b

c 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 35c

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 36

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? 37b

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 tax year covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations. Enter 39a

a Initiation fees and capital contributions included on line 9 39b

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40a , section 4912 ► 40a , section 4955 ► 40a

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 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 40b

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 40b

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40c

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 40e

41 List the states with which a copy of this return is filed ► **NONE**

42a The organization's books are in care of ► **VERN TOBLAN** Telephone no ► **302-376-6714**
PO BOX 8149

Located at ► **WILMINGTON** DE ZIP + 4 ► **19803**

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 ► 42b
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 ► 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 ► 43

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

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 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

45b 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) 45b

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

	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
46		X

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 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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47		
48		
49a		
49b		

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) 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 ►

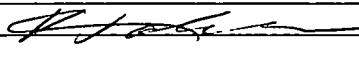
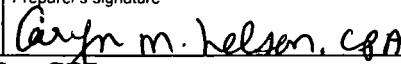
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 ►

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts 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  VERN E. TOBLAN Type or print name and title		 Date 11-9-12 EXECUTIVE DIRECTOR		
	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
Paid Preparer Use Only	CARYN M. NELSON, CPA		11-5-12	P00139519	
	Firm's name ► CARYN M. NELSON, CPA		Firm's EIN ►	23-2987702	
	Firm's address ► 575 GRUBBS MILL ROAD WEST CHESTER, PA 19380-1030		Phone no	610-696-8003	

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

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.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

PI CHI OMEGA

Employer identification number

34-1160151

FORM 990-EZ, PART I, LINE 10 - GRANTS/SIMILAR AMTS PAID TO INDIVIDUALS

RELATIONSHIP TO ORG CLASS OF ACTIVITY DATE OF GIFT DESC. OF PROPERTY

CASH CONTRIB. NONCASH CONTRIB. BOOK VALUE BV EXPL. FMV EXPL.

\$ 8,000 \$ 0 \$ 0

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION AMOUNT

EXPENSES

CONFERNCE / MEETINGS \$ 11,213

TOTAL \$ 11,213

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

PI CHI OMEGA'S PRIMARY PURPOSE IS TO PROMOTE EDUCATION WITHIN THE PEST
MANAGEMENT INDUSTRY BY PROVIDING SCHOLARSHIPS TO STUDENTS AND TO BRING NEW
IDEAS AND INFORMATION TO THE INDUSTRY VIA SPEAKERS AND SUPPORTIVE
EDUCATIONAL ENDEAVORS.