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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation)

▶ **Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.**

▶ **Information about Form 990-EZ and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , and ending 06-30-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CHI OMEGA FRATERNITY- ZETA GAMMA CHAPTER

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
38 COMING STREET

City or town, state or province, country, and ZIP or foreign postal code
CHARLESTON, SC 29401

D Employer identification number
57-6028452

E Telephone number
(843) 953-2959

F Group Exemption Number ▶ 0273

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: ▶ N/A

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

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) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 140,514

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 ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	1,260
	2	Program service revenue including government fees and contracts		2	132,354
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b	0	
	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 $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	0	
	c	Less direct expenses from gaming and fundraising events	6c	0	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b	0	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	6,900
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	140,514
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	34,840
	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	530
	14	Occupancy, rent, utilities, and maintenance		14	17,316
	15	Printing, publications, postage, and shipping		15	20
	16	Other expenses (describe in Schedule O)		16	85,468
	17	**Total expenses.** Add lines 10 through 16 ▶		17	138,174
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	2,340
	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	60,384
	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	62,724

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	49,126	22	54,546
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	12,350	24	26,426
25 **Total assets**	61,476	25	80,972
26 **Total liabilities** (describe in Schedule O)	1,092	26	18,248
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	60,384	27	62,724

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 . ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
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 members and to promote the educational and social milieu of the college where its chapter of Chi Omega Fraternity is established, and to promote the development of education and advancement in life of its members

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 See Additional Data Table (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**	26,420

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
See Additional Data Table				

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
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**		No
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**		No
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**		No
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**		No
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**		No
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**		No
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**		No
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**		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . **38b**			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 . . . . . **39a** 0			
b	Gross receipts, included on line 9, for public use of club facilities **39b** 0			
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 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 . . . ▶ _____			
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	**40e**		No

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

42a The organization's books are in care of ▶ DESIREE RUNEY Telephone no ▶ (843) 953-2959

Located at ▶ 38 COMING STREET CHARLESTON, SC ZIP + 4 ▶ 294011437

			Yes	No
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)?	**42b**		No
	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 the U S ?	**42c**		No
	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**

			Yes	No
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**		No
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**		No
c	Did the organization receive any payments for indoor tanning services during the year?	**44c**		No
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**		No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**45a**		No
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**		No

			Yes	No
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	46		No

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 ☐

			Yes	No
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	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	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 "

(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
NONE				

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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

****** 2015-02-17
Signature of officer Date

DESIREE RUNEY FINANCIAL ADVIS
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN
George L Garmendia CPA				P00283905
Firm's name ▶ Hyland Ruddy and Garbett CPAs LLC			Firm's EIN ▶	
Firm's address ▶ 820 Johnnie Dodds Blvd Suite B Mt Pleasant, SC 294643158			Phone no (843) 884-6184	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☑ Yes ☐ No

Additional Data

Software ID: 13000170
Software Version: 2013v4.0
EIN: 57-6028452
Name: CHI OMEGA FRATERNITY- ZETA GAMMA CHAPTER

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. 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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 PARENTS WEEKEND ATTENDED BY OVER 170 MEMBERS AND GUESTS (Grants $ 8,900) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	
29 SISTERHOOD EVENTS ATTENDED BY OVER 170 MEMBERS (Grants $ 8,420) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	
30 NEW MEMBER RETREAT ATTENDED BY 60 NEW MWMBERS (Grants $ 4,600) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	
RECRUITMENT WORKSHOPS ATTENDED BY 110 MEMBERS (Grants $ 4,500) If this amount includes foreign grants, check here . . . ▶ ☐		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Lindsey Peterson President	0	0		
Stephanie Dove Vice President	0	0		
Courtney Hinton Secretary	0	0		
Grace Tate Treasurer	0	0		
Desiree Runey Financial Advis	0	0		

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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CHI OMEGA FRATERNITY- ZETA GAMMA CHAPTER

Employer identification number
57-6028452

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 1	PARENTS WEEKEND TICKETS $6900
Other Expenses 1001	Advertising and Promotion $8438
Other Expenses 1002	Office Expenses $1435
Other Expenses 1005	Travel $1932
Other Expenses 1	Social Event 4-Facility $8893
Other Expenses 2	Room and Board $6068
Other Expenses 3	Credit Card Fees $4884
Other Expenses 4	Social Event 2-Facility $4750
Other Expenses 5	Social Event 1-Food $4010
Other Expenses 6	Bid Day-Supplies $3240
Other Expenses 7	Initiation-Banquet $3191
Other Expenses 8	Chapter Merchandise-Other $2748
Other Expenses 9	Sisterhood-Alumnae Relations $2594
Other Expenses 10	New Member-Manuals $2485
Other Expenses 11	Composite $2430
Other Expenses 12	Panhellenic Dues $2385
Other Expenses 13	Sisterhood Event 1-Food $2208
Other Expenses 14	Bid Day T-Shirts $2160
Other Expenses 15	National Meetings Registration $2000
Other Expenses 16	Social Event 5-Food $1700

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 17	National Consultant-Food $1681
Other Expenses 18	Bid Day-Facility $1462
Other Expenses 19	Awards-VP $1459
Other Expenses 20	Community Service Event 2-Suppl $1383
Other Expenses 21	Advisor Appreciation $1219
Other Expenses 22	Sisterhood Event 1-Supplies $1178
Other Expenses 23	Administration $1133
Other Expenses 24	Recruitment Workshop-Food $1000
Other Expenses 25	Bid Day-Packs $930
Other Expenses 26	Service Event 3-Supplies $902
Other Expenses 27	Community Service Event 1-Suppl $783
Other Expenses 28	New Member Retreat-Food $740
Other Expenses 29	New Member Retreat-Supplies $557
Other Expenses 30	Bid Day-Food $460
Other Expenses 31	Campus Event 2-Supplies $411
Other Expenses 32	Officer Training-Food $313
Other Expenses 33	Social Event 2- Decorations $300
Other Expenses 34	Scholarship Event - Food $254
Other Expenses 35	Awards-Member Educator $250
Other Expenses 36	Initiation-Flowers $222

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 37	Officer Training Supplies $210
Other Expenses 38	Sympathy $153
Other Expenses 39	House Corp Meal Plan - Expense $135
Other Expenses 40	Supplies-Career Development $135
Other Expenses 41	GIFTS $118
Other Expenses 42	Career Development Event 1 - Fo $116
Other Expenses 43	Campus Event 1 - Facility $100
Other Expenses 44	Social Event 5-Decoration $77
Other Expenses 45	Initiation Prelude Booklets $74
Other Expenses 46	Scholarship Motivation/Recogni $67
Other Expenses 47	Campus Event 2 - Facility $60
Other Expenses 48	Photocopies-Personnel Chair $59
Other Expenses 49	Flowers/Gifts-Personnel Chair $59
Other Expenses 50	Meals-Guest $59
Other Expenses 51	Social Event 1-Decoration $40
Other Expenses 52	Bank Charges $36
Other Expenses 54	Service Event-Food $11
Other Expenses 55	Supplies-Foundation Ambassador $-20
Other Expenses 56	Campus Event 1-Food $-30
Other Expenses 57	Campus Events 1-Supplies $-33

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 58	Initiation-Supplies $-46
Other Expenses 59	Social Event 3-Music $-50
Other Expenses 60	Donations $-50
Other Assets 1005	Accounts Receivable - Beginning $1065 Accounts Receivable - Ending $17005
Other Assets 1006	Pledges and Grants Receivable - Beginning $0 Pledges and Grants Receivable - Ending $1216
Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning $11285 Prepaid Expenses and Deferred Charges - Ending $8205
Total Liabilities 1003	Deferred Revenue - Beginning $1065 Deferred Revenue - Ending $18221
Total Liabilities 1	Other Liabilities - Beginning $27 Other Liabilities - Ending $27