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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 foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final 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. ▶ \$ 154,951

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	5,310	
	2	Program service revenue including government fees and contracts					2	9,474	
	3	Membership dues and assessments					3	140,167	
	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			
Expenses	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		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9	154,951	
	10	Grants and similar amounts paid (list in Schedule O)					10	52,174	
	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	229	
	14	Occupancy, rent, utilities, and maintenance					14		
	15	Printing, publications, postage, and shipping					15		
16	Other expenses (describe in Schedule O)					16	104,907		
17	Total expenses. Add lines 10 through 16					17	157,310		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					18	-2,359	
	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	68,044	
	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	65,685	

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	67,117	22	64,140
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	3,943	24	4,611
25 Total assets	71,060	25	68,751
26 Total liabilities (describe in Schedule O)	3,016	26	3,066
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	68,044	27	65,685

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?
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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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

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
SARAH COHEN President	0	0		
CANDICE O'CONNOR Vice President	0	0		
MADDIE STAUSS Secretary	0	0		
EMMA WYCKOFF Treasurer	0	0		
DESIREE RUNEY Financial Advis	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 ☐

			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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 ▶ <u>DESIREE RUNEY</u> Telephone no ▶ <u>(843) 953-2959</u> Located at ▶ <u>38 COMING STREET CHARLESTON, SC</u> ZIP + 4 ▶ <u>294011437</u>			
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		Yes	No
		42b		No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c		No
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 ▶ <u>43</u>			
			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 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		2017-01-27	
	Date			
Paid Preparer Use Only	DESIREE RUNEY FINANCIAL ADVIS		Type or print name and title	
	Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed
	George L Garmendia CPA			PTIN P00283905
	Firm's name ▶ Hyland Ruddy and Garbett CPAs LLC		Firm's EIN ▶	
Firm's address ▶ 820 Johnnie Dodds Blvd Suite B		Phone no (843) 884-6184		
Mt Pleasant, SC 294643158				
May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No				

Additional Data

Software ID: 15000324

Software Version: 2015v3.0

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 FORMAL ATTENDED BY OVER 130 MEMBERS AND GUESTS

(Grants \$)

If this amount includes foreign grants, check here . . . ☐

28a

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.)	
29 3SISTERHOOD EVENTS ATTENDED BY OVER 130 MEMBERS (Grants \$) If this amount includes foreign grants, check here . . . ☐	29a	

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.)	
30 SCHOLARSHIP LUNCH ATTENDED BY OVER 130 MEMBERS AND ALUMNAE GUESTS (Grants \$) If this amount includes foreign grants, check here . . . ☐	30a	

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015**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 Expenses 1007	Conferences, Conventions, and Meetings \$3000
Other Expenses 1	Social Events \$29160

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	Member Educator Expenses \$15566
Other Expenses 3	Recruitment Chair Expenses \$8777

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	Community Service Expenses \$8321
Other Expenses 5	Chapter President Expense \$7570

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	Sisterhood Team Expenses \$5871
Other Expenses 7	Credit Card Fees \$5692

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	Personnel Chair Expenses \$4408
Other Expenses 9	House Expenses \$4256

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	Panhellenic Dues \$3420
Other Expenses 11	Campus Activities Expenses \$3036

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 12	other expenses \$2136
Other Expenses 13	Chapter Treasurer Expense \$1498

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 14	Chapter Vice President Expense \$1151
Other Expenses 15	Chapter Secretary Expense \$846

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 16	Career Development Expenses \$146
Other Expenses 17	Motivation/Recognition Gifts \$20

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 18	Photocopies \$18
Other Expenses 19	Supplies \$15

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1005	Accounts Receivable - Beginning \$2890 Accounts Receivable - Ending \$3039
Other Assets 1006	Pledges and Grants Receivable - Beginning \$99 Pledges and Grants Receivable - Ending \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning \$954 Prepaid Expenses and Deferred Charges - Ending \$1572
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$27 Accounts Payable and Accrued Expenses - Ending \$27

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1003	Deferred Revenue - Beginning \$2989 Deferred Revenue - Ending \$3039