

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**Department of the Treasury
Internal Revenue Service

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

2017

**Open to Public
Inspection**

► Do not enter social security numbers on this form as it may be made public.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning

July 1

, 2017, and ending

June 30

, 20 18

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization

Chi Omega Fraternity, Pi Gamma Chapter

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

1810 Mesa Vista NE

D Employer identification number

850103004

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

Albuquerque, NM 87106-3813

E Telephone number

505-243-6113

**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: ► [https://www.unmchiomega.com/](http://www.unmchiomega.com/)**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

► \$ 81927 12

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

<input checked="" type="checkbox"/> 1 Contributions, gifts, grants, and similar amounts received	1
<input checked="" type="checkbox"/> 2 Program service revenue including government fees and contracts	2
<input checked="" type="checkbox"/> 3 Membership dues and assessments	3 81927.12
<input checked="" type="checkbox"/> 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
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
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
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 81,927.12
10 Grants and similar amounts paid (list in Schedule O)	10
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
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe in Schedule O)	16 75,670.13
17 Total expenses. Add lines 10 through 16	17 75,670.13
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 6,256 99
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 20150 86
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 8300 83

NEC 12 2018
SCANNEDDEC 12 2018
Expenses

Net SCANNED

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	20150.86	22 8300.83
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	20150.86	25 8300.83
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	20150.86	27 8300 83

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? A collegiate sisterhood that provides opportunities.

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	-----		

28a	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
29	-----		

29a	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
30	-----		

30a	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
31	Other program services (describe in Schedule O)		
31a	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
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

<input type="checkbox"/> (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
Mary-Helen Pavildes	6 00	-0-		
President				
Alahana Jakeway	6 00	-0-		
Vice President				
Holly Gallegos	6 00	-0-		
Secretary				
Makaila Goodart	6.00	-0-		
Treasurer				
Amanda Branon	6 00	-0-		
New Member Educator				
Julia Oliver	6 00	-0-		
Personnel Chair				
Geena Guriterrez	6 00	-0-		
Recruitment Chair				
Gabriela Wilson	6 00	-0-		
Panhellenic Delagate				
Kailey Wulfert	6	-0-		
Director of Programming				

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 39b

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

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 ► _____ ; section 4912 ► _____ , section 4955 ► _____ 40b

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 40c

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 40d

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e

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 40f

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

42a The organization's books are in care of ► Makaila Goodart Telephone no. ► 505-730-6728
Located at ► Chi Omega Fraternity, Pi Gamma Chapter House ZIP + 4 ► 87106 42b

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)? 42c

If "Yes," enter the name of the foreign country: ► 42d

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42e

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ► 42f

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

b 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

	Yes	No
33	✓	<input checked="" type="checkbox"/>
34	✓	<input checked="" type="checkbox"/>
35a	✓	<input type="checkbox"/>
35b	<input type="checkbox"/>	<input type="checkbox"/>
35c	✓	<input type="checkbox"/>
36	✓	<input checked="" type="checkbox"/>
37a	<input type="checkbox"/>	<input type="checkbox"/>
37b	✓	<input type="checkbox"/>
38a	✓	<input checked="" type="checkbox"/>
38b	<input type="checkbox"/>	<input type="checkbox"/>
39a	0	<input type="checkbox"/>
39b	0	<input type="checkbox"/>
40b	<input type="checkbox"/>	<input type="checkbox"/>
40c	<input type="checkbox"/>	<input type="checkbox"/>
40d	<input type="checkbox"/>	<input type="checkbox"/>
40e	<input type="checkbox"/>	✓
41	<input type="checkbox"/>	<input type="checkbox"/>
42a	505-730-6728	87106
42b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42c	<input type="checkbox"/>	✓
42d	<input type="checkbox"/>	<input type="checkbox"/>
42e	<input type="checkbox"/>	<input type="checkbox"/>
42f	<input type="checkbox"/>	<input type="checkbox"/>
42g	<input type="checkbox"/>	<input type="checkbox"/>
42h	<input type="checkbox"/>	<input type="checkbox"/>
43	<input type="checkbox"/>	<input type="checkbox"/>
44a	✓	<input type="checkbox"/>
44b	✓	<input type="checkbox"/>
44c	✓	<input type="checkbox"/>
44d	✓	<input type="checkbox"/>
45a	✓	<input type="checkbox"/>
45b	✓	<input type="checkbox"/>

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

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."		

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

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

► Mark J. S. 10.27.2018
Signature of officer Date
► Makalla Goodart Treasurer Type or print name and title
Sign Here 

<input checked="" type="checkbox"/> Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no	

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

Form 990-EZ (2017)

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.
- Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

Chi Omega Fraternity, Pi Gamma Chapter

Employer identification number

850103004

Chapter Expenses \$36,149.52

(Explanation of form 990-EZ Part I Line 16)

Campus Activities Director Expenses \$3,445.65

Chapter President Expenses \$4,776.09

Chapter Treasurer Expenses \$51.85

Community Service Director Expenses \$5,855.71

House Corporation Expenses \$2,500

Member Educator Expenses \$1,838.64

Panhellenic Delegate Expenses \$5,806.87

Personnel Chair Expenses \$45.15

Recruitment Chair Expenses \$4,608.01

Scholarship Expenses \$73.16

Sisterhood Expenses \$5,260.31

Social Events Director Expenses \$5,259.17

TOTAL EXPENSES \$75,670.13 (See form 990-EZ Part I Line 16)

Name of the organization

Chi Omega Fraternity, Pi Gamma Chapter

Employer identification number

850103004**(Explanation of form 990-EZ Part III)****Chi Omega is an intergenerational women's organization forever committed to our founding purposes****Friendship****Personal Integrity****Service to Others****Academic Excellence and Intellectual Pursuits****Community and Campus involvement****Personal and Career Development**