

Click on the question-mark icons to display help windows.

The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you.

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2020

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning

July 1

, 2020, and ending

June 30

, 20 21

B Check if applicable

C Name of organization D Employer identification number Address change

Chi Omega Fraternity, Pi Gamma Chapter

850103004

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

Room/suite

 Initial return

1810 Mesa Vista Rd. NE

E Telephone number

 Final return/terminated

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

5052354316

 Amended return

Albuquerque, NM 87106

07

 Application pendingF Group Exemption
Number ► G Accounting Method: Cash Accrual Other (specify) ►H Check ► if the organization is notI Website: ► <https://unm.chiomega.com/>required to attach Schedule B J Tax-exempt status (check only one) — 501(c)(3) 501(c) (7) (insert no.) 4947(a)(1) or 527

(Form 990, 990-EZ, or 990-PF).

K Form of organization: Corporation Trust Association Other Women's Fraternity

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 50,922.81

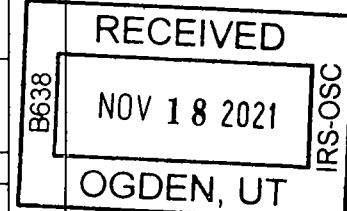
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 47597.38
	4 Investment income	4 8.43
	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)	
	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)	
	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)	
	8 Other revenue (describe in Schedule O)	8 3317.00
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 50922.81
Expenses	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 <input checked="" type="checkbox"/>	12
	13 Professional fees and other payments to independent contractors <input checked="" type="checkbox"/>	13
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O) <input checked="" type="checkbox"/>	16 39846.08
	17 Total expenses. Add lines 10 through 16 ►	17 39846.08
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18 11076.73
	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 14223.98
	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 25300.71

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2020)

SCANNED JUL 05 2022
Revenue

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	15329.11	22 26170.25
23	Land and buildings		23
24	Other assets (describe in Schedule O)	11810.58	24 12062.17
25	Total assets	27139.69	25 38232.42
26	Total liabilities (describe in Schedule O)	12915.71	26 12931.71
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	14223.98	27 25300.71

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 for explanation

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	Chapter expenses (National dues and fees, member fees, badge fees, and merchandise fees)		
<input checked="" type="checkbox"/>	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	<input checked="" type="checkbox"/>
29	New Member educator expenses (Initiation, event, and educational supplies)		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	
30	Recruitment (Events, workshops, supplies)		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	► <input type="checkbox"/>	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
Kayla Argenta					
President	8	0	0	0	0
Julie Emeanuwa					
Vice President	8	0	0	0	0
Kathryn Capener					
Secretary	8	0	0	0	0
Victoria Sobieski					
Treasurer	8	0	0	0	0
Ashante Adam					
New Member Educator	8	0	0	0	0
Katherine Clark					
Personnel	8	0	0	0	0
Abigail Garcia-Huff					
Recruitment	8	0	0	0	0
Samantha Garcia					
Panhellenic Delegate	8	0	0	0	0
Victoria Jamharian					
Director of Programming		0	0	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	✓
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 0	37a	0
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	3584 00
a Initiation fees and capital contributions included on line 9	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 ►	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		
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► Chapter Treasurer and Financial Advisor Telephone no. ► 505-235-4316 Located at ► 1810 Mesa Vista Rd. NE Albuquerque, NM 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)? 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).	42c	✓
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 ►		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ► <input type="checkbox"/> 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	✓

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

	Yes	No
46		✓

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

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."

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.

Sign Here <input checked="" type="checkbox"/>	 Signature of officer Victoria Sobieski, Treasurer Type or print name and title	11/14/2021 Date
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Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no.	

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

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

2020

Open to Public
Inspection

Name of the organization

Chi Omega Fraternity, Pi Gamma Chapter

Employer identification number

850103004

Mission/Purpose: Chi Omega is women's fraternity committed to friendship, personal integrity, service, academics, community and campus involvement, and personal and career development. The Pi Gamma chapter is the University of New Mexico chapter of Chi Omega.

Explanation of Revenue:

Chapter Revenue (New member and Member dues, member fines, merchandise, event tickets, etc.) \$47,597.38

Chapter Savings Interest (Billhighway bank account savings interest) \$8.43

National Revenue (Initiation and badge fees) \$2,567.00

House Corporation Revenue (collected for house fund) \$750.00

Total Chapter Revenue \$50,922.81

Explanation of Expenses:

Chapter Expenses (Chi Omega National, New Member, Billhighway, Merchandise, subscription dues and fees, etc.) \$31,048.90

Chapter President (chapter oposite, planning supplies, etc.) \$1,843.08

Treasurer (supplies) \$18.00

Chapter Vice President (events, planning supplies, etc.) \$150.29

Marketing Director (PR, marketing, website, photography, videos, supplies, etc.) \$1,714.63

New Member Educator (supplies, events, gifts, planning, etc.) \$841.24

Panhellenic Delegate (panhellenic dues, events) \$1,548.00

Recruitment Chair (supplies, events, workshops, etc.) \$1668.77

Sisterhood Director (events, supplies, etc.) \$963.17

Social Director (events, supplies, etc.) \$50.00

Chapter Expenses Total \$39,846.08

Name of the organization Chi Omega Fraternity, Pi Gamma Chapter	Employer identification number 850103004
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Explanation of Balance Sheet:**Explanation of Assets:****Cash accounts (Operating, national dues and fees, philanthropy, House Corp, 10% reserve)****Member Receivables (Chapter, House, National)****Total Assets Beginning of Year \$27,139.69****Total Assets End of Year \$38,232.42****Explanation of Liabilities:****Deferred Revenue (Chapter, House Corp., National)****Total Liabilities Beginning of Year \$12,915.71****Total Liabilities End of Year \$12,931.71**