Department of the Treas ry Internal Revenue Service

SERV.

For Paperwork Reduction Act Notice, see the separate instructions.

**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 and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

Form 990 (2016)

<u>A</u>				U / / UI / I 6_, and ending	06/30/	17		
B	Check if a	pplicable C Name of org	anization			`	D Employer	r identification number
	Address	change		A HOUSE CORPORATION				
	Name ch	Doing busine					83-6	004333
		Number and	street (or P O box if mail is not deli	vered to street address)		Room/suite	E Telephone	e number
	Initial retu		E SORORITY ROW					
	Final retu terminate		, state or province, country, and ZIP	or foreign postal code				
		LARAM:	IE	WY 82071_			<b>G</b> Gross rece	eipts\$ _390,506
	Amended	return F Name and a	ddress of principal officer					
	Application	n pending ALICE	E HALL			H(a) is this a gro	oup return for su	ubordinates? Yes X No
			E SORORITY RO	TT.		H(b) Are all sub	ordinates incli	Ided? Yes No
		LARAN			,	1		(see instructions)
						<u> </u>	attack a hat (	(366 Ilistifuctions)
			(c)(3) <b>X</b> 501(c) ( <b>7</b> )	(insert no.) 4947(a)(1) or	527	<u> </u>		
<u>J</u>	Website					H(c) Group exer		
		rganization X Corpora	ation Trust Association	Other >		Year of formation 1	960	M State of legal domicile WY
P	art i	Summary			Į.			
	1	Briefly describe the or	ganization's mission or mos	st significant activities				
a)				ITIES & HOUSING 42 G	GIRLS IN	THE FALL 2	2016 AN	D 45
ũ			E SPRING 2017					
Governance	ļ							
Š		Shaalatha baa N	of the second second					
ပိ				nued its operations or disposed o	of more than 25	% of its net asse	ets i i	_
∞ ರ	3	Number of voting mer	mbers of the governing body	/ (Part VI, line 1a)			3	4
ies	4	Number of independe	nt voting members of the go	overning body (Part VI, line 1b)			4	4
Activities	5	Fotal number of indivi	duals employed in calendar	year 2016 (Part V, line 2a)			5	22
ct	6	Total number of volun	iteers (estimate if necessary	<i>'</i> )			6	4
•	7a	Fotal unrelated busine	ess revenue from Part VIII, o	column (C) line 12			7a	0
	l		s taxable income from Form	·			7b	0
		tot amelated basines	3 taxable income moni i om	1 930-1, lille 34	- <del></del> T	Prior Yea		Current Year
	8	Contributions and grad	nts (Part VIII, line 1h)		ļ		4,532	390,066
an l	1	_	nue (Part VIII, line 2g)		}		2,002	330,000
Revenue	ι		· · · · · · · · · · · · · · · · · · ·		ļ-			0.50
å			art VIII, column (A), lines 3,	· · · · · · · · · · · · · · · · · · ·			34	259
			'III, column (A), lines 5, 6d, 8	The state of the s	1			181
				al Part VIII, column (A), line 12)		384	4,566	390,506
	13 (	Grants and similar am	iounts paid (Part IX, column	(A), lines 1-3)	1			0
- 1	14 (	Benefits paid to or for	members (Part IX, column (	(A), line 4)	{			0
y,				(Part IX, column (A), lines 5–10)	1	106	6,806	104,631
Expenses			ng fees (Part IX, column (A)		Ţ		-/	0
je l			enses (Part IX, column (D), li		0	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>		
Ä					١ ١	27	4 674	201 EEE
- 1			IX, column (A), lines 11a-1		-		4,674	321,555
			ines 13–17 (must equal Par		<u> </u>		1,480	426,186
. 6	19	Revenue less expense	es Subtract line 18 from line				3,086	-35,680
Soci					ล์	Beginning of Curi		End of Year
Net Assets or Fund Balances	20	otal assets (Part X, Ii	•	MAY 22 2018	?		9,663	913,073
Ž	21	otal liabilities (Part X,	, line 26)		<b>3</b>   [	105	5,305	94,395
ŽĪ	22	let assets or fund bal	ances Subtract line 21 from	line 20	\$( [	854	4,358	818,678
P	art II	Signature B	lock	L JGUZIV, UI	<u> </u>			
Ųn	nder per	alties of perjury, I decla	re that I have examined this re	turn, including accompanying schedi	ules and stateme	ents and to the he	est of my kno	owledge and belief it is
tru	e, corre	ct, and complete Decla	iration of preparer (other than	officer) is based on all information of	which preparer I	nas anv knowledge	e	owiedge and belief, it is
			Lall	<del></del>				111 .63
Sia	n	Signature of officer	e fun					-14-18
Sig							Date	
Her	е	ALICE			TREAS	URER		
		Type or print name						
		Print/Type preparer's name	<del></del>	Preparer's signature	OR	Date	Check	X if PTIN
Paid		Cynthia A Delane	e <b>y</b>	Cynthia A Delaney	W//L	Y   05/10	/18 self-em	
Prep	рагег	Firm's name	DelaneyCPA			T	ırm's EIN ▶	· · · · · · · · · · · · · · · · · · ·
Use	Only		PO Box 1698	· · · · · · · · · · · · · · · · · · ·		<del>  [ [ ]</del>	IIII S ENV F	
		Firm's address		82073-1698		)		307-460-0234
May	the ID		with the preparer shown abo			PI	hone no	
way		2 213CG33 HIIS IEIGIU A	Annual preparer shown apo	ve / (see instructions)				X yes No

	·····		JSE CORPORAT		83-	-60043	33_				Pa	ge Z
Pa			n Service Accomp		ım thin	Dort III						
S	Briefly describe	e the organization's mis-	L ACTIVITIES				IN	THE	FALL	2016	AND	<u> </u>
	prior Form 990 If "Yes," descri	or 990-EZ? be these new services o					the				Yes X	No
	services? If "Yes," descri	be these changes on S						maaau	ad by		Yes X	No
4	expenses Sec	otion 501(c)(3) and 501(	ervice accomplishments c)(4) organizations are r y, for each program serv	equired to report the am	-							
S		)(Expenses \$ GIRLS SOCIA IN THE SPRI	L ACTIVITIES	ncluding grants of \$ & HOUSING,	42	GIRLS		(Reve		2016	AND	)
											-	
4h	(Code	) (Expenses \$		ncluding grants of \$				(Reve		···		<del></del>
75	(0000	) (Expenses o	·	noluding grants of \$			,	(Neve	iue φ			,
4c	(Code	)(Expenses \$		ncluding grants of \$			)	(Reve	nue \$	<del>-</del>		
					·							
4d	Other program (Expenses \$	services (Describe in S	chedule O) including grants of	\$	)	(Revenue	\$			}		
4e		service expenses >										
DAA									-		orm 990	(2016)

#### Part IV Checklist of Required Schedules

	art ty Checklist of Required Schedules			
			Yes	No
1	Is the brganization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1		x
_	complete Schedule A	2		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	-		-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	ļ	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u>-</u>		
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<del></del>		<del>                                     </del>
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	Ì	)	}
	Part III	5	1	x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	}		
	"Yes," complete Schedule D, Part I	6	ļ	x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		ļ	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	1	}	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9_	<u> </u>	X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			}
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	] .		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1	Ì	1
	complete Schedule D, Part VI	11a	X	<b> </b>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	X
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<b>├</b> ─	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<b>⊢</b> −	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<del> </del> -	X
12a	o and the second of the second	J		
	Schedule D, Parts XI and XII	12a	<del> </del>	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		x
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	+	X
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	┼	X
b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a	<del>├</del> ──	<del> </del>
Ü	fundraising, business, investment, and program service activities outside the United States, or aggregate	1		1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	1445		x
15		14b	┼	† <del></del>
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	-13	1	† <del></del>
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10	<del>                                     </del>	† <u> </u>
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		T	T -
•	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	"	1	
			1	1

If "Yes," complete Schedule G, Part III

# Form 990 (2016) CHI OMEGA HOUSE CORPORATION Part W Chacklist of Required Schedules (continued)

1.5	tri iv Checklist of Required Schedules (Continued)			
			Yes	No_
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		- 1	v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		}	v
	employees? If "Yes," complete Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
	through 24d and complete Schedule K. If "No," go to line 25a	24a	-	<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	۱. ۱	- 1	
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	·		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			v
	disqualified persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		ı	v
^^	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	005	ì	x
_	Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			x
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		x
31	conservation contributions? If "Yes," complete Schedule M	30		
,	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31_		
_	complete Schedule N, Part II	22	İ	x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	_33_		
, ,	or IV, and Part V, line 1	24		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Joa		
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	i	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	งจม		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	_ <del></del>		<del></del>
	192 Note: All Form 990 filers are required to complete Schedule O	20	x	l

13c

X

Form **990** (2016)

14a

14b

14a

С

Enter the amount of reserves on hand

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

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

83-6004333 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code ) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > None 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records > 20 ALICE HALL 500 E 27TH ST CHEYENNE

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

King Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for	bo: off	x, unfe	Pos check ess pe nd a d	rson ı ırecto	than ones s both a r/trustee	n )	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)			(W-2/1099-MISC)		organization and related organizations				
(1) BAILLIE MILLER	10.00						-			
PRESIDENT	0.00		ļ	x				o	0	d
(2) ALICE HALL		<del> </del>		-	-		-			
(2,5====================================	8.00	l	Į	ĺ		1 1				
TREASURER	0.00	l		x				0	0	O
(3) SARAH ASKAMIT					_		٦			<del>-</del>
(0, 00000000000000000000000000000000000	6.00					] ]				
VICE PRESIDENT	0.00			x		] ]	]	0	0	O
(4) JILL CASTLEBERRY				-				<del></del>		
	6.00					) [				
SECRETARY	0.00	'		x			- }	0	0	O
(5)										
(6)										
(7)		_			-				<u> </u>	
(8)		-					_			
(9)		-					_	<del></del>	<u></u>	
(40)			_							
(10)							i			
(11)										
DAA AAC		<u> </u>	L		L_	$\sqcup \bot$				Form <b>990</b> (2016

Pa:	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)			
	(A) Name and title	(B) Average hours per week (list any	bo	x, unie	Pos check ess pe	rson I	than o	an	(D) Reportable compensation from the	(E)  Reportable  compensation from  related  organizations	(F) Estima amoun othe compens	t of r	
		hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from t organiza and rela organiza	he ation ated	
1b c d	Sub-total Total from continuation she Total (add lines 1b and 1c)	ets to Part VII,	Secti	on A	<b>A</b>			<b>&gt; &gt; &gt;</b>					
2	Total number of individuals (in reportable compensation from				hose	e list	ed al	oove	e) who received more than s	5100,000 of			
3	Did the organization list any fo employee on line 1a? If "Yes,"	rmer officer, dire	ector	, or t					yee, or highest compensate	ed	3	Yes	No X
4	For any individual listed on line organization and related organization and related organizational	e 1a, is the sum on a second a	of rep than	orta \$15	ble 6 0,00	07 <i>lf</i>	pens f "Yes	ation s," co	omplete Schedule J for suc	h	4		_x_
5	Did any person listed on line 1 for services rendered to the or	ganization? If "Y	rue c 'es," (	omp comp	ensa olete	Sch	trom nedul	any e J f	or such person	Individual	5_		x
Secti 1	ion B. Independent Contractor Complete this table for your five compensation from the organic	re highest compe zation Report co	ensat	ed ir	ndep	ende	ent c	ontra lend:	ar year ending with or withi	n the organization's tax year			
	Name and	(A) business address		_		_			Descrip	(B) tion of services	<u>c</u>	(C) ompensa	tion
				<del></del> -				<u> </u>					
		<del></del>											
2	Total number of independent or received more than \$100,000	contractors (inclu	uding	but	not li	imite	ed to	thos	e listed above) who				
DAA	.5501400 more than \$100,000	or compensation	TIOIT	ı me	oiga	2111Z	auon				Fo	rm <b>99</b> 0	0 (2016)

	*****	4		••••••		T	r note to any line in	(B) Related or	(C)	(D) Revenue
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
इंद	1a	Federated can	npaigns	1a						E
	b	Membership d	ues	1b		390,066				-
₽.	C	Fundraising ev	vents	1c						:
ᆵ	d	Related organi	ızatıons	1d						
ΣĒ	е	Government grants	(contributions)	1e						=
25	f	All other contribution								
Ě		and similar amounts	not included above	1f						
ğ	_		ns included in lines 1a	-1f \$	5					
<u>5 ह</u>	<u>h</u>	Total. Add line	s 1a-1f			<u> </u>	390,066			
<u> </u>						Busn Code				
§	2a									
8	þ					<del></del>				
١	C					<del> </del>		<del></del>		
รัฐ	d					<del>  -  </del>				
ga	e	All other progr	om conuce rove	Tue		<del></del>		<del></del>		
Program Service Revenue Contributions, Gifts, Grants	a		am service reve	ilue				<del></del>		
-	3		ome (including	dividen	ds intere			<del></del>		
į	Ŭ	and other simil	_	airiacii	<b>33</b> , 111(616	.51,	259	259		
	4		vestment of tax	-exemp	t bond p	roceeds				
į	5	Royalties		, c., c., .		<b>&gt;</b>		·		
			(ı) Real		(11)	Personal				-
	6a	Gross rents	·							
- 1	b	Less rental exps	<del></del>		_					• •
-	С	Rental inc or (loss)								
1	_d	Net rental inco	me or (loss)			<b>•</b>				····
ļ	7a Gross amount from sales of assets (i) Securities			<b>(</b> n	) Other				:	
		other than inventory								-
	b	Less cost or other								Ĭ.
-		basis & sales exps								
		Gain or (loss)	- <del> </del>							į
- (		Net gain or (los	•	г						
e l	8a		m fundraising ever	nts						
Other Revenue		(not including \$		Į						
&		See Part IV, line	eported on line 1c)	I						
þe	h	Less direct ex		a b						
<u></u>			penses (loss) from fund		ovente.	<b>—</b>			i	·
			m gaming activities	~	events_					
- }	Ju	See Part IV, line	-	a						
	b	Less direct ex		ь						:
1			(loss) from gam	_	vities	•	1			:
ı			inventory, less	ا تا تا						<u> </u>
		returns and alle		a						
	b	Less cost of g	oods sold	ь						
		_	(loss) from sale		entory	<b></b>				<u> </u>
[			ellaneous Revenue			Busn Code				
ſ	11a	REBATE IN	COME				181	181		<u>-</u>
- 1	b									
- 1	С									
1	d	All other reven								
	е	Total. Add line				<b>&gt;</b> _	181			<u></u>
	12	Total revenue	. See instruction	ns		<b>▶</b> [	390,506	440	0	

### Form 990 (2016) CHI OMEGA HOUSE CORPORATION Part IX Statement of Functional Expenses

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
•	· · · · · · · · · · · · · · · · · · ·				
2	Grants and other assistance to domestic				
3	Individuals See Part IV, line 22 Grants and other assistance to foreign		<del></del>		
3	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	}			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	<del></del>	<del></del>		
Ū	trustees, and key employees				
6	Compensation not included above, to disqualified				
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1			
7	Other salaries and wages	95,456	95,456		
8	Pension plan accruals and contributions (include			<del></del>	
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	9,175	9,175		
11	Fees for services (non-employees)		3/2:0		
а	Management				
b	· · · · · · · · · · · · · · · · · · ·		·		
С	Accounting	1,878		1,878	
d	· · · · · · · · · · · · · · · · ·				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (if line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	164	164		
14	Information technology	9,907	9,907		
15	Royalties				
16	Occupancy	109,019	109,019		
17	Travel	415	415		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,925	1,925		
20	Interest	5,152	5,152		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	71,218	71,218		
23	Insurance	6,981	6,981		·
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O )  FOOD	102 000	102 060		<u></u>
a	HOUSE SUPPLIES	103,869	103,869		
b	TELEPHONE & TELECOMM.	6,768	6,519	249	
c d	CABLE	2,025	2,025		
	All other expenses	1,668	1,668		
25	Total functional expenses. Add lines 1 through 24e	426,186	254	312	0
26	Joint costs. Complete this line only if the	420,100	423,747	2,439	
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ If	ļ	İ	ļ	
	fundraising solicitation Check here ► If following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year Cash—non-interest bearing 243,610 240,924 1 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use 8 746 Prepaid expenses and deferred charges 5,545 9 10a Land, buildings, and equipment cost or 2,578,808 other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 1,907,405 671,403 710,508 10b 10c 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV. line 11 15 913,073 16 Total assets. Add lines 1 through 15 (must equal line 34) 959,663 16 Accounts payable and accrued expenses 17 2,417 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 102,888 91,244 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 94,395 105,305 26 Organizations that follow SFAS 117 (ASC 958), check here Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 854,358 818,678 27 Temporarily restricted net assets 28 or Fund 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. Net Assets 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 818,678 854,358 33 Total liabilities and net assets/fund balances 913,073 959,663

orn	990 (2016) CHI OMEGA HOUSE CORPORATION 83-6004333			Pa	ge <b>12</b>
Pa	art XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			506
2	Total expenses (must equal Part IX, column (A), line 25)	2			186
3	Revenue less expenses Subtract line 2 from line 1	3			<u>680</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	85	<u>4,</u>	358
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	1 1			
	33, column (B))	10	81	.8,	<u>678</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			<b></b>	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		] ]		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		:		,
	Schedule O				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				(
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b_		<u> </u>
			Forr	990	(201

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

Employer identification number

83-6004333 CHI OMEGA HOUSE CORPORATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2h Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	EGA HOUSE COR			<u>83-600</u>			Pag	<u>je 2</u>
Part III Organizations Maintai	ning Collections of	Art, Historical T	reasures, c	or Other S	imilar Ass	ets (continu	ued)	
3 Using the organization's acquisition, accollection items (check all that apply)	cession, and other records	s, check any of the foll	owing that are	a significant	use of its			
a Public exhibition	d 🗍	Loan or exchange pro	ograms					
b Scholarly research	<del></del>	Other						
c Preservation for future generations								
4 Provide a description of the organization	n's collections and explain	how they further the	organization's	exempt purp	ose in Part			
XIII		non may running me						
5 During the year, did the organization so	licit or receive donations o	f art historical treasur	res or other su	milar				
assets to be sold to raise funds rather th						Ye	es 🗌	No
Part IV Escrow and Custodia		art of the organization	3 CONECTION.				<u>:</u>	
Complete if the organiz		" on Form 990 P:	art IV/ line 0	or report	ed an amoi	int on Form	n	
990, Part X, line 21.	ation answered Tes	0111 01111 990, 1 4	artiv, inte s	, or report	ed an amod	int On 1 O	•	
			45					
1a Is the organization an agent, trustee, cu	stodian or other intermedi	ary for contributions o	r otner assets	not			· []	No
included on Form 990, Part X?						∐ Y€	;s	NO
b If "Yes," explain the arrangement in Par	XIII and complete the foll	owing table			<del>Г</del>	A		—
					<b>├</b>	Amoun	<u></u>	
c Beginning balance					1c			
<b>d</b> Additions during the year					1d			
<ul> <li>Distributions during the year</li> </ul>					1e			
f Ending balance					1f			
2a Did the organization include an amount	on Form 990, Part X, line	21, for escrow or cust	todial account	liability?			es	No
b If "Yes," explain the arrangement in Part	XIII Check here if the ex	planation has been pr	ovided on Part	XIII				
Part V Endowment Funds.			-					
Complete if the organize	ation answered "Yes	" on Form 990, Pa	art IV, line 1	0				
	(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three years bac	ck (e) Fou	ır years ba	ıck
1a Beginning of year balance								
b Contributions								
c Net investment earnings, gains, and			† ·					
losses								
d Grants or scholarships								
e Other expenditures for facilities and	·	<b></b>	<del>                                     </del>	<del></del>	···-			
•								
programs				<del></del>				
f Administrative expenses			· <del> </del>			<del></del>		
g End of year balance	L	L	<del> </del>					
2 Provide the estimated percentage of the		(line 1g, column (a))	held as					
a Board designated or quasi-endowment								
b Permanent endowment ▶	%							
c Temporarily restricted endowment ►	%							
The percentages on lines 2a, 2b, and 2d								
3a Are there endowment funds not in the p	ossession of the organiza	tion that are held and	administered f	or the			<del>с— т</del>	
organization by							Yes	No
(i) unrelated organizations						3a(i)		
(ii) related organizations						3a(i <b>i</b> i)		
b If "Yes" on line 3a(ii), are the related org	anizations listed as requir	ed on Schedule R?				3b		
4 Describe in Part XIII the intended uses of								
Part VI Land, Buildings, and I								
Complete if the organize	• •	" on Form 990. Pa	art IV line 1	1a See F	orm 990. Pa	art X. line 1	10	
Description of property	(a) Cost or other t		other basis	(c) Accu		(d) Book		
	(investment)	I ''	her)	depre	1	, , = = =		
1a Land	<del></del>		<del></del>		<del>-</del>			
b Buildings	<del> </del>	1 6	329,306	1 2	55,914		73,3	392
c Leasehold improvements	<del></del>	———— <u> </u>	,29,500		, 914		<del>, , , ,</del>	
		<del></del>	749 502	<del></del>	E1 401		98,0	11 :
d Equipment	<del> </del>	<del></del>	749,502		51,491	<del></del>	30,0	<u></u>
e Other		<u> </u>	<del></del>				<del>न</del> न 7	10.
Total. Add lines 1a through 1e (Column (d) m	iust equal Form 990, Part	X, column (B), line 10	)C)		<u> </u>		71,4	
					_		990)	201

Part VII Investments—Other Securities.

	Complete if the organization answered "Yes"	on Form 990, Part IV, line		
•	(a) Description of security or category	(b) Book value	(c) Method of v	
	(including name of security)		Cost or end-of-year	market value
(1) Financial	derivatives			
(2) Closely-h	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				·
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col (B) line 12)		·····	
Part VIII	Investments—Program Related.	L		
L.OLL A HI	Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Pa	art X line 13
	(a) Description of investment		(c) Method of v	
	(a) Description of Investment	(b) Book value	Cost or end-of-year	
(4)		<del></del>		
(1)				
(2)				
(3)				<del></del>
(4)				
(5)				
(6)				
_(7)				
(8)	_ <del>_</del>			
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 13)		***************************************	
Part IX	Other Assets.			45
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d See Form 990, Pa	
	(a) Description			(b) Book value
_(1)	<del></del>			
(2)	— <del></del>			
(3)				
(4)				
(5)				
(6)				
(7)	<del></del>			
(8)	<del></del>	·		
(9)		<del></del>		
	nn (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f. See Form	990. Part X.
	line 25	511 5111 555, t are 11, mile		500, r are 5 -,
1.	(a) Description of liability	(b) Book value		
	I income taxes			4
(2)	11100110 (0.00)			:
(3)	<del></del>			
(4)	<del></del>			
(5)	<del></del>			:
(6)	<del></del>			: :
(7)	<del></del>			
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 25) ▶			<del>.</del>
	r uncertain tax positions. In Part XIII, provide the text of the			
organization':	s liability for uncertain tax positions under FIN 48 (ASC 740)	Check here if the text of the foo	tnote has been provided in P	art XIII

Sche	dule D (Form 990) 2016 CHI OMEGA HOUSE CORPORATION	83-6004333		Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	[		
а	Net unrealized gains (losses) on investments	2a	- 1	
b	Donated services and use of facilities	2b	- 1	
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
ę	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	L	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	1a		
b	Other (Describe in Part XIII )	1b		
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statement	ts With Expenses per Re	tur	n.
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	- 1	
С	Other losses 2	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d	L.	2e	
3	Subtract line 2e from line 1	L	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	ta		
b	Other (Describe in Part XIII )	lb		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

. Schedule D (Form 990) 2016 CHI OMEGA HOUSE CORPORATION
Part XIII Supplemental Information (continued)

83-6004333

Page 5

SCHEDULE O. (Form 990 or 990-EZ) 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection

CHI OMEGA HOUSE CORPORATION

Employer identification number 83-6004333

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 A copy of 2016 Form 990 was reviewed by the board members prior to filing with the IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Board members annually sign a disclosure statement that discloses any contracts, business arrangements and/or other interests with the Taxpayer.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Available upon request.