•′ Form	990
	ent of the Treasu Revenue Service

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.

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

2018 Open to Public Inspection

X Yes

Form 990 (2018)

No

For the 2018 calendar year, or tax year beginning 07/01/18 , and ending 06/30/19 D Employer identification number C Name of organization Check if applicable CHI OMEGA HOUSE CORPORATION Address change Doing business as 83-6004333 Name change Number and street (or P O box if mail is not delivered to street address) E Telephone number 1630 E SORORITY ROW Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated LARAMIE WY 82071 368,147 G Gross receipts \$ Amended return Name and address of principal officer X No H(a) Is this a group return for subordinates? Application pending BAILLIE MILLER No 1630 E SORORITY ROW H(b) Are all subordinates included? LARAMIE WY 82071 If "No," attach a list (see instructions) 501(c) Tax-exempt status 501(c)(3) 4947(a)(1) or Website· H(c) Group exemption number ▶ Year of formation 1960 X Corporation Form of organization Trust Association Other > M State of legal domicile Summary Part I 1 Briefly describe the organization's mission or most significant activities SORORITY GIRLS SOCIAL ACTIVITIES & HOUSING 50 GIRLS IN THE FALL 2018 AND 39 Activities & Governance GIRLS IN THE SPRING 2019 2 Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets 3 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15 5 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 3 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column<del>(O), line-11</del> 7a b Net unrelated business taxable income from Form 990-t, line 3RECEIVED 0 7b Prior Year **Current Year** 388 367,624 8 Contributions and grants (Part VIII, line 1h) 410. AUG 03 2020 0 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d 267 266 2,895 257 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a (34) EN 413,550 368,147 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12 262 250 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 108,876 115,527 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) 283,754 260,312 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 392,892 376,089 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 20,658 -7,942 19 Revenue less expenses Subtract line 18 from line 12 Assets or Beginning of Current Year End of Year 906,017 921,381 20 Total assets (Part X, line 16) 82,045 74,623 21 Total liabilities (Part X, line 26) Set 839,336 831,394 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of penary, 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 SCANNED Sign Here Signature of officer BAILLIE MILLER PRESIDENT Type or print name and title Print/Type preparer's name PTIN Preparer's signature Check X Paid Cynthia A Delaney 07/14/20 self-employed Cynthia A Delaney P00236074 Preparer DELANEYCPA 46-4090659 Firm's EIN ▶ Firm's name Use Only 414 E. CANBY STREET 307-460-0234 LARAMIE, WY 82072

May the iRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

	CHI OMEGA HOUS		83-6004333	Page <b>2</b>
	•	Service Accomplishments tains a response or note to ar	ny line in this Part III	
1 Briefly describ	oe the organization's mission	ACTIVITIES & HOUSI		THE FALL 2018 AND
prior Form 99	, ,	cant program services during the yea	r which were not listed on the	Yes X No
services?	ization cease conducting, o	make significant changes in how it c	onducts, any program	Yes X No
4 Describe the expenses Se	organization's program servection 501(c)(4)	ice accomplishments for each of its the organizations are required to report or each program service reported		
	)(Expenses \$ GIRLS SOCIAL IN THE SPRING	including grants of ACTIVITIES & HOUSE \$ 2019		(Revenue \$ ) THE FALL 2018 AND
4b (Code N/A	) (Expenses \$	including grants (	of \$	(Revenue \$ )
		J		
4c (Code N/A	) (Expenses \$	including grants (	of \$	(Revenue \$ )
	<u> </u>			
4d Other program (Expenses \$	m services (Describe in Sch	edule O) including grants of \$	) (Revenue \$	)
	n service expenses ►			Form <b>990</b> (2018)
DAA				Fulli 999 (2016)

#### Form 990 (2018) CHI OMEGA HOUSE CORPORATION

**Checklist of Required Schedules** 

1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"
	complete Schedule A
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?

- 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
- Section 501(c)(3) organizations. 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
- Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 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
- Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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 debt negotiation services? If "Yes," complete Schedule D, Part IV
- 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
- 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
  - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI
  - b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
  - c 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
  - d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
  - Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
  - Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
  - b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
  - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- 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
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
  - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II

	Yes	No
		v
2		X
	1.1	4
3		<u> </u>
4		
5		x
6		Х
7		x
		x
8		
9		x
10		X
11a	х	
11b		<u>x</u>
11c	,	x
		х
11d 11e		X
11f		x
12a		X
12b		X
13 14a		X
144		
14b		x
15		X
16		х
17		x
18		x
19		x
20a		X
20b		
21		x
 For	m 990	(2018)

P	art IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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			1
	employees? If "Yes," complete Schedule J	23		X
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			1
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	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			
•	to defease any tax-exempt bonds?	24c		l
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		l
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			1
	If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	255		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			1
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
27	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
		27		х
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
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)	00-	1	v
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			v
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			7,
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<b>_</b>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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			ĺ
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	İ
Pi	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			l
	reportable gaming (gambling) winnings to prize winners?	1c	X	<u></u>
		For	m 990	(2018)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (contin	uea)				
`				·····	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		15			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	15	<del> </del>	7.7	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	X	<u> </u>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C			3b		├
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					v
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accour	11)7	4a		X
þ	If "Yes," enter the name of the foreign country		- (FDAD)			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccount	s (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the first section of	on		5b		<u> </u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	;				x
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		├ <u>^</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	is or		6.		
-	gifts were not tax deductible?			6b		-
7	Organizations that may receive deductible contributions under section 170(c).	anda				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go and services provided to the payor?	Jous		7a		
h			.,	7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			75		$\vdash$
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	•		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	ì	1,0		<del>                                     </del>
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con		1	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			7f		$\vdash$
g	If the organization received a contribution of qualified intellectual property, did the organization file For		9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7 <u>9</u>		<del> </del>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine					
Ū	sponsoring organization have excess business holdings at any time during the year?	<b>u</b>		8		1
9	Sponsoring organizations maintaining donor advised funds.					<b></b>
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		$\vdash$
10	Section 501(c)(7) organizations. Enter			<del></del> -		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter		•			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10417	)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera		r			
	excess parachute payment(s) during the year?			15	L	X
	If "Yes," see instructions and file Form 4720, Schedule N					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	ncome	۶۶	16		_ <b>x</b> _
	If "Yes," complete Form 4720, Schedule O					
				For	m 990	0 (2018)

Part VI

DAA

Form 990 (2018) CHI OMEGA HOUSE CORPORATION

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

Sec	tion A. Governing Body and Management				_							
				ſ	Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a_	3									
	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		2									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	_3									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				•							
_	any other officer, director, trustee, or key employee?			2	<b></b>	X						
3												
	supervision of officers, directors, or trustees, or key employees to a management company or other person?											
4												
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5	<del> </del>	X						
6	Did the organization have members or stockholders?			6	ļ	X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					,,						
	one or more members of the governing body?			7a	<del> </del>	X						
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,											
	stockholders, or persons other than the governing body?			7b	ļ	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the	following									
а	The governing body?			8a	X							
þ	Each committee with authority to act on behalf of the governing body?			8b	X	<del> </del>						
9	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	- ; -	<del> </del>	9	<b></b>	X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nai R	<u>evenue</u>	Code)		T						
					Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?			10a	├	X						
b	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	х							
11a												
b												
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12b	X	-						
С	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	X							
14	Did the organization have a written document retention and destruction policy?			14	ļ	X						
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?				•							
а	The organization's CEO, Executive Director, or top management official			15a	<del></del>	X						
b	Other officers or key employees of the organization			15b	<del></del>	X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)											
16a	· · · · · · · · · · · · · · · · · · ·					.,						
	with a taxable entity during the year?			16a	ļ	X						
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				•	1						
	organization's exempt status with respect to such arrangements?			16b		L						
	tion 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 (1024 or 1024-A if applicable), 990, and 990-T (Sec	tion 50	1(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)											
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interes	t policy	y, and									
	financial statements available to the public during the tax year											
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s 🟲										
	LICE HALL 3607 SHAWNEE ST			207 20	٥. ٦	200						
C)	HEYENNE WY 8200	<b>.</b>		307-39	ラーコ	233						

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# 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

X 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	(C) Position (do not check more box, unless person i officer and a directo				an e)	(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)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(***271033-44100)	organization and related organizations
(1) BAILLIE MILLER										
	3.00									
PRESIDENT (2) ALICE HALL	0.00	_	_	Х		╁		0	0	0
(2) ALICE HALL	12.00									
TREASURER	0.00			х				l o	o	0
(3) JILL CASTLEBERRY					<u> </u>	1 1				
\-',	9.00									
SECRETARY	0.00			X				0	0	0
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
DAA	· · · · · · · · · · · · · · · · · ·		<u></u>							Form <b>990</b> (2018)

Pa	rt VII. Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	ind Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for	bo off	x, unle icer a	Pos check ess pe	erson	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimate amount other impensa	of	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	,	organi			
														_
1b	Sub-total	oto to Doublill 6					<u></u>	<b>&gt;</b>					-	
2	Total from continuation she Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	cluding but not li	mite	d to 1		e list	ed al	DOVE	e) who received more than \$	6100,000 of				
3	Did the organization list any for employee on line 1a? If "Yes,"	complete Sched	ule .	l for	such	ındı	vidu	aĺ				3	Yes	No X
4	For any individual listed on line organization and related organization and related organization.	nizations greater	than	\$15	0,00	07 11	f "Yes	s," C	omplete Schedule J for such	h	-	4		X
5	Did any person listed on line 1 for services rendered to the or	ganization? If "Y										5		х
Sect 1	ion B. Independent Contractor Complete this table for your five	e highest compe	nsa	ted in	ndep	end	ent c	ontra	actors that received more th	nan \$100,000 of				
	compensation from the organi	Zation Report co (A) I business address	mpe	ensat	ion t	or th	ie ca	<u>lena</u>		n the organization's tax yea (B) tion of services	ar	Corr	(C) pensat	ion
													•	
								i i						
		<u> </u>							· L1				_	
					<u> </u>									
2	Total number of independent or received more than \$100,000								se listed above) who	0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

			2. 3				r note to any line		(C)	(D)
	,						Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
इइ	1a	Federated carr	paigns	1a			-			3,23,
rau	b	Membership di	. •	1b		367,624				
ΩĔ	c	Fundraising ev		1c						
ar A	d	Related organi		1d						
S, E	e	Government grants (		1e						
e S	f	All other contribution	The state of the s							
but the		and similar amounts		1f						
Ę.	g	Noncash contribution	ns included in lines 1a-		s					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add line				▶	367,624			
n						Busn Code				
Program Service Revenue	2a									
Re	b									
ice	С									
Sen.	d									
Ē	е								·	
gra	f	All other progra	am service rever	nue						
P	g	Total. Add line				<b>&gt;</b>				
	3		ome (including o	lividen	ds, intere	est,				
		and other simil				▶ .	266	266		
	4	Income from in	vestment of tax-exempt bond proceeds							
	5	Royalties				▶ [				
		·	(ı) Real		(11)	Personal	4 (1.111.1)	311		ı
	6a	Gross rents	-	•						
	b	Less rental exps								
	С	Rental inc or (loss)								
	d					<b>&gt;</b>				
	7a	7a Gross amount from (i) Securities sales of assets			(0	) Other				
		other than inventory								
	b	Less cost or other								
		basis & sales exps								
	С	Gain or (loss)								
	d	Net gain or (los	ss)			<b>•</b>				
e	8a	Gross income fro	m fundraising ever	its						
Other Revenue		(not including \$								
eve		of contributions re	eported on line 1c)							
<u>بر</u>		See Part IV, line	18	а						
Ĕ		Less direct ex		b						
U	С	Net income or	(loss) from fund	raising	events	<b>&gt;</b>				
	9a	Gross income fro	m gaming activities	3						
		See Part IV, line	19	а						
	b	Less direct ex	penses	b						
	С	Net income or	(loss) from gam	ing act	ivities	<b>•</b>				
	10a	Gross sales of	inventory, less							
		returns and all	owances	а						
	b	Less cost of g	oods sold	b						
	_ <u>c</u>	Net income or	(loss) from sale:	s of inv	entory_	<b>•</b>			.,,	
		Misc	cellaneous Revenue			Busn Code				
	11a	OTHER					240	240		
	b	REBATE IN	COME				17	17		
	С									
	d	All other reven	ue							
	е	Total. Add line	s 11a–11d			<b>&gt;</b>	257	······································		
	12	Total revenue	. See instruction	าร		▶	368,147	523	0	0

Part IX Statement of Functional Expenses

	Check if Schedule O contains a resp	onse or note to any line in thi	s Part IX		
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	250	250		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	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,				
	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)	105 000	105 000		
7	Other salaries and wages	105,889	105,889		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)			,	
9	Other employee benefits	9,638	9,638		
10	Payroll taxes	9,030	9,038	<u> </u>	
11	Fees for services (non-employees)				
a	Management				
þ	Legal Accounting	4,190		4,190	
c d	Lobbying	7,150		3,230	· · · · · · · · · · · · · · · · · · ·
e	Professional fundraising services See Part IV, line 17				▼
f	Investment management fees			•	
g	Other (If line 11g amount exceeds 10% of line 25, column			-	
9	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				· · · · · · · · · · · · · · · · · · ·
13	Office expenses	114	114		ŧ
14	Information technology	1,006	1,006		٠
15	Royalties				
16	Occupancy	70,709	70,709	•	ı
17	Travel	48	48	:	-
18	Payments of travel or entertainment expenses			•	•
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			•	
20	Interest	3,718	3,718		
21	Payments to affiliates				· .
22	Depreciation, depletion, and amortization	52,977	52,977		,
23	Insurance	7,892	7,892		
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)	100,932	100,932		**************************************
a	FOOD		11,413		٠, ,
b	PAYMENT PROCESSING FEES	11,413 4,145	4,145		157
C	HOUSE SUPPLIES CABLE	2,059	2,059		<del></del>
d		1,109	317	792	<del></del>
e 25	All other expenses	376,089	371,107	4,982	. 0
25 26	Joint costs. Complete this line only if the	3,0,005	3,1,10,	-, 502	
	organization reported in column (B) joint costs		•		
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOR 98.2 (ASC 958.720)				

Form 990 (2018)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 307,622 274,510 Cash-non-interest bearing 2 Savings and temporary cash investments Pledges and grants receivable, net 3 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 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 6 organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 2,649,540 10a other basis. Complete Part VI of Schedule D. 2,018,033 613,759 631,507 10b 10c b Less accumulated depreciation 11 11 Investments—publicly traded securities Investments-other securities See Part IV, line 11 12 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 921,381 906,017 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 3,362 9,018 17 17 Accounts payable and accrued expenses Grants payable 18 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 78,683 23 65,605 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 74,623 82,045 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 839,336 831,394 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 839,336 831,394 33 Total net assets or fund balances 921,381 906,017 Total liabilities and net assets/fund balances

orm	990 (2018) CHI OMEGA HOUSE CORPORATION	83-6004333			Pag	<u>e 12</u>
Pa	rt 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		68,1	
2	Total expenses (must equal Part IX, column (A), line 25)		2		76,0	
3	Revenue less expenses Subtract line 2 from line 1		3		<del>-7,</del> 9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A	A))	4	8	39,3	<u> 336</u>
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 Pa	rt X, line				
	33, column (B))		10	8	31,3	<u> 394</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this	Part XII				
					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 "Oth	er," 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 we	re compiled or				
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separ	ate 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 we	re audited on a				
	separate basis, consolidated basis, or both				1 1	
	Separate basis Consolidated basis Both consolidated and separ	ate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes respons	sibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an indep	endent accountant?		2c		
	If the organization changed either its oversight process or selection process during the	tax year, explain in				
	Schedule O					
За	As a result of a federal award, was the organization required to undergo an audit or au	dits as set forth in				
	the Single Audit Act and OMB Circular A-133?			3a	<b> </b>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization d	id not undergo the				
	required audit or guidite, explain why in Schodule O and describe any steps taken to un	dorae such audite		3h	1 1	

Form **990** (2018)

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## 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.

► Go to www.irs.gov/Form990 for instructions and the latest information

OMB No. 1545-0047 Open to Public

Inspection Name of the organization 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 2 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 Preservation of a certified historic structure Protection of natural habitat 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 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, 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 ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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) Yes No 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 2 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

b Assets included in Form 990, Part X

#### Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land b Buildings		1,900,038	1,353,726	546,312
<ul><li>c Leasehold improvements</li><li>d Equipment</li></ul>		749,502	664,307	85,195
e Other  otal. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)				631,507

Schedule D (f	Form 990) 2018 CHI OMEGA HOUSE CORF	PORATION	83-6004333	Page
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11b See Form 990, Part X,	line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation	1
	(including name of security)	İ	Cost or end-of-year market	value
(1) Financial	derivatives			
	eld equity interests			
(3) Other	• •			
(A)			.,	
(B)				<del></del>
(C)				·
(D)		· · · ·		
(E)		· · · · · ·		
(F)			1	·
(G)				· · · · · · · · · · · · · · · · · · ·
(H)				<del>v</del>
	nn (b) must equal Form 990, Part X, col. (B) line 12.) ▶			•••••
Part VIII	Investments—Program Related.			
1 WIL 410	Complete if the organization answered "Yes" of	on Form 990 Part IV	line 11c See Form 990 Part Y	line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation	
	(a) Description of threstment	(b) book value	Cost or end-of-year market	
(4)			Cost of Sile of year thanks	
(1)				
(2)				
(3)				
(4)	• • • • • • • • • • • • • • • • • • •			·
(5)				
(6)				
(7)	•			
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 13)			
Partix	Part IX Other Assets.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV,		
	(a) Description			(b) Book value
(1)	*	·		
(2)				
(3)				·
(4)				
(5)		···		
(6)				
(7)				
(8)		***		
(9)				
***************************************	nn (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X	Other Liabilities.	5 000 B 1 1 1 1 1		- · · ·
Complete if the organization answered "Yes" on Form 990, Part IV, line 1			line 11e or 11f See Form 990, F	Part X,
	line 25.	<del></del>		
1.	(a) Description of liability	(b) Book value		
	I income taxes		<del>_</del>	
(2)				
(3)	····			
(4)	· · · · · · · · · · · · · · · · · · ·			
(5)	7			
(6)	·			
(7)				
(8)	<u>-</u>			
(9)	•			

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2018 CHI OMEGA HOUSE CORPORATION	83-6	004333	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue	per Return.	
•	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a		
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		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d	-	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pŧ	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, I		es per Return.	
1	Total expenses and losses per audited financial statements	artiv, inc iza.	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
h	Prior year adjustments	2b		
c	Other losses	2c		
q	Other (Describe in Part XIII )	2d		
e			2e	
3	Subtract line 2e from line 1		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	4a		
b b	Other (Describe in Part XIII )	4b		
c	Add lines 4a and 4b		4c	

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

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Schedule D (Form 990) 2018 CHI OMEGA HOUSE CORPORATION

83-6004333

Page 5

Part XIII Supplemental Information (continued)

**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

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

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

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 2018 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.