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Department of the Treasury Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2009 Open to Public

Form 990 (2009)

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Inspection 07/01/09 06/30/10 For the 2009 calendar year, or tax year beginning and ending Please ALPHA OMICRON PI FRATERNITY, INC. Employer identification number Check if applicable C Name of organization use IRS GROUP RETURN Address change label or 23-7046541 Doing Business As Name change print o Telephone number type. Number and street (or P O box if mail is not delivered to street address) Room/suite Initial return See 615-370-0920 5390 Virginia Way Specific Termination 19,275,459 City or town, state or country, and ZIP + 4 G Gross receipts \$ TN 37027 Brentwood Amended return tions F Name and address of principal officer H(a) Is this a group return for Application pending X affiliates? Yes H(b) Are all affiliates included? Yes If "No," attach a list (see instructions) **X** 501(c) See Stmt 1 ◀ (insert no ) 4947(a)(1) or 527 H(c) Group exemption number ► 0190 www.alphaomicronpi.org Type of organization X Corporation Trust M State of legal domicile Year of formation Summary 1 Briefly describe the organization's mission or most significant activities TO ENCOURAGE A SPIRIT OF FRATERNITY & LOVE AMONG ITS MEMBERS, PROMOTE Governance INTEGRITY, DIGNITY, SCHOLARSHIP, & COLLEGE LOYALTY; SUPPORTS THE BEST INTERESTS OF THE COLLEGES AND UNIVERSITIES IN WHICH CHAPTERS ARE INSTALLED 2 Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets 461 Number of voting members of the governing body (Part VI, line 1a) Activities & 431 Number of independent voting members of the governing body (Part VI, line 1b) 4 107 Total number of employees (Part V, line 2a) 5 1800 Total number of volunteers (estimate if necessary) 6 88,299 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 87,299 b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year 1,273,407 474,367 Contributions and grants (Part VIII, line 1h) 18,279,258 17,489,100 Program service revenue (Part VIII, line 2g) 561,044 -9,847 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 98,339 437,649 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20,212,048 18,391,269 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 289,026 889,447 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 6,000 7,390 14 Benefits paid to or for members (Part X, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,381,419 1,175,440 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D)) ine 25) ▶ 43,631 17 Other expenses (Rart.IX,-column-(A),-lines-11a 11d, 11f-24f) 16,909,748 16,332,775 19,231,635 17,803,241 18 Total expenses Add (nes-13) 17 (thust equal Part IX, column (A), line 25) <del>5</del>88,028 19 Revenue less expenses Subtract line 18 from line 12 980,413 Beginning of Current Year End of Year 36,732,894 35,342,491 20 Total assets (Part X, line 16) 15,904,825 14,693,282 21 Total liabilities (Part X, line 26) 828,069 20,649,209 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is the correct, and complete personal properties of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer Troy LeForge **CFO** Type or print name and title Preparer's identifying number Check if Preparer's ồPaid signature 04/29/11 Roger M. Gallivan employed > P00086008 Arnold Gallivan Levesque 26-0863073 EIN ▶ Firm's name (or yours **Use Only** Ste 200 2810 Premiere Pkwy Phone if self-employed), address, and ZIP + 4 ▶ 678-240-2640 Duluth. GA 30097 May the IRS discuss this return with the preparer shown above? (see instructions) Yes

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009) ALPHA OMICRON PI FRATERNITY, INC.

23-7046541

Page 2

| Part IV | Checklist of Required Schedules | _ |
|---------|---------------------------------|---|
|         |                                 |   |

|     |  |          |     | Yes | No            |
|-----|--|----------|-----|-----|---------------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  |          | 1   |     | X             |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | ŀ        | 2   | х   |               |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to   | Ì        |     |     |               |
| •   | candidates for public office? If "Yes," complete Schedule C, Part I  |          | 3   |     | X             |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete  |          |     |     |               |
| ·   | Schedule C, Part II  |          | 4   |     |               |
| 5   | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)  |          |     |     | _             |
|     | notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III  |          | 5   | ļ   |               |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have   |          |     |     |               |
|     | the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"  |          |     | ŀ   |               |
|     | complete Schedule D, Part I  |          | 6   |     | <u>X</u>      |
| 7   | 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   |          | 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, 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   |          | 9   |     | X             |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or   |          |     |     |               |
|     | quasi-endowments? If "Yes," complete Schedule D, Part V  | [        | 10  |     | X             |
| 11  | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,  | 1        |     |     |               |
|     | VII, VIII, IX, or X as applicable  |          | 11  | X   |               |
| •   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete  |          |     |     |               |
|     | Schedule D, Part VI  |          |     |     |               |
| •   | 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   |          |     |     |               |
| •   | 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  |          |     |     |               |
| •   | Did the organization report an amount for other assets related 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? If "Yes," complete Schedule D, Part X   |          |     |     |               |
| 12  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |          |     |     |               |
|     | Schedule D, Parts XI, XII, and XIII  | <u> </u> | 12  |     | X             |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year?  | Yes No   |     |     |               |
|     | <del>-</del>   | IZA X    |     |     | v             |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  |          | 13  |     | $\frac{x}{x}$ |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  |          | 14a |     |               |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,  |          | 441 |     | v             |
| 15  | business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I  |          | 14b |     | <u> </u>      |
| 13  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II  |          | 45  |     | X             |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance  |          | 15  |     |               |
| 10  | to individuals located outside the United States? If "Yes," complete Schedule F, Part III  |          | 16  |     | X             |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services  |          | 10  |     |               |
| • • | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   |          | 17  |     | X             |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on  |          | -'' |     |               |
| . • | 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?   |          | 10  |     |               |
|     | If "Yes," complete Schedule G, Part III  |          | 19  |     | X             |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H  |          | 20  |     | X             |
|     | - Total Complete Control of the Cont |          | ~~  |     |               |

Part IV Checklist of Required Schedules (continued)

|     |  |     | Yes | No           |
|-----|--|-----|-----|--------------|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations        |     |     |              |
|     | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                   | 21  | X   |              |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the                   |     |     |              |
|     | United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                         | 22  | Х   |              |
| 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              |     |     |              |
|     | 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 through 24d and complete Schedule K If "No," go to line 25   | 24a |     | <u> </u>     |
| 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 |     |              |
| d   | 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) and 501(c)(4) 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  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or    |     |     |              |
|     | disqualified person outstanding as of the end of the organization's tax year? 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 a grant selection committee member, or to a person related to such an individual?        |     |     |              |
|     | 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)                                   |     |     |              |
| 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               |     |     |              |
|     | Schedule L, Part IV  | 28b |     | X            |
| С   | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a         |     |     |              |
|     | family member) 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       |     |     | ۱,,          |
|     | 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,          |     |     | ٠,           |
|     | Part I   | 31  |     | X            |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete     |     |     |              |
| 22  | Schedule N, Part II  | 32  |     | X            |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations           |     |     | •            |
| 24  | 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,           | ١   | v   |              |
| 25  | III, IV, and V, line 1   | 34  | X   |              |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete         |     | v   |              |
| 3.0 | Schedule R, Part V, line 2   | 35  | X   | <del> </del> |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related         | _   |     |              |
| 27  | 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     |     |     |              |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,                 |     |     | ١,,          |
| 20  | Part VI  | 37  |     | X            |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and            |     | v   |              |
|     | 19? Note. All Form 990 filers are required to complete Schedule O  | 38  | X   | Ь            |

| 1a      | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of  |                 | Yes          | No   |
|---------|---|-----------------|--------------|--|
| 1a      | Enter the number reported in Box 3 of Form 1096. Annual Summary and Transmittal of  |                 |              | <del></del>                                      |
|         |   |                 |              |  |
|         | U.S. Information Returns. Enter -0- if not applicable   |                 |              | ŀ  |
| þ       | 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 reportable   |                 |              | ŀ  |
|         | gaming (gambling) winnings to prize winners?  | 1c              | X            |  |
| 2a      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   |                 |              |  |
|         | Statements, filed for the calendar year ending with or within the year covered by this return  2a 107   |                 |              | ŀ  |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b              | Х            |  |
|         | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see   |                 |              |  |
| _       | instructions)   |                 |              |  |
| 3a      | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by   |                 |              | ŀ  |
|         | this return?  | 3a_             | X            |  |
| b       | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  | 3b              | X            | -  |
| 4a      | At any time during the calendar year, did the organization have an interest in, or a signature or other authority   |                 |              |  |
|         | over, a financial account in a foreign country (such as a bank account, securities account, or other financial  | ١.              | ·            | v  |
|         | account)?   | 4a              |              | X  |
| b       | If "Yes," enter the name of the foreign country   |                 |              |  |
|         | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank   |                 |              |  |
| E       | and Financial Accounts  |                 |              | x  |
| 5a<br>b | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | <u>5a</u><br>5b | <u> </u>     | X  |
| C       | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding  | 30              |              | 1  |
| ·       | Prohibited Tax Shelter Transaction?   | 5c              |              |  |
| 6a      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  | <u> </u>        |              |  |
|         | organization solicit any contributions that were not tax deductible?  | 6a              |              | x  |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contributions or  | <u> </u>        |              |  |
| -       | gifts were not tax deductible?  | 6ь              |              |  |
| 7       | Organizations that may receive deductible contributions under section 170(c).   |                 |              |  |
| а       | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods   |                 |              |  |
|         | and services provided to the payor?   | 7a              | 1            | x  |
| b       | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b              |              |  |
| С       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  |                 |              |  |
|         | required to file Form 8282?   | 7c              |              | X  |
| d       | If "Yes," indicate the number of Forms 8282 filed during the year 7d  |                 |              |  |
| е       | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal   |                 |              |  |
|         | benefit contract?   | 7e              |              | X  |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f              |              | X  |
| g       | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  | 7g              | L            |  |
| h       | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as   |                 |              |  |
|         | required?   | 7h              | <u> </u>     |  |
| 8       | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting   |                 |              |  |
|         | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring  |                 |              |  |
| _       | organization, have excess business holdings at any time during the year?  | 8               | ļ            |  |
| 9       | Sponsoring organizations maintaining donor advised funds.   |                 |              |  |
| a       | Did the organization make any taxable distributions under section 4966?   | 9a              |              | -  |
| b<br>40 | Did the organization make a distribution to a donor, donor advisor, or related person?  | 9b              | -            | <del>                                     </del> |
| 10      | Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12  787,299  |                 |              |  |
| a<br>b  | Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10a 787, 299  10b                                | 1               |              |  |
| 11      | Section 501(c)(12) organizations. Enter   | ł               |              |  |
| ''<br>a | Gross income from members or shareholders   |                 |              |  |
| b       | Gross income from other sources (Do not net amounts due or paid to other sources against  | ľ               |              |  |
|         | amounts due or received from them )   |                 |              |  |
| 12a     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a             | 1            |  |
|         | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b   | <del></del>     | <del> </del> | 1  |

5390 Virginia Way

TN 37027

23-7046541 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.

| Sec        | tion A. Governing Body and Management  |                |     |          |          |          |
|------------|--|----------------|-----|----------|----------|----------|
|            |  |                |     |          | Yes      | No       |
| 1a         | Enter the number of voting members of the governing body   | 1a             | 461 | _        |          |          |
| þ          | Enter the number of voting members that are independent  | 1b             | 431 | _        |          |          |
| 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        |          | X        |
| 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        |
| 4          | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed | <del>]</del> ? |     | 4        |          | X        |
| 5          | Did the organization become aware during the year of a material diversion of the organization's assets?              |                |     | 5        |          | X        |
| 6          | Does the organization have members or stockholders?  |                |     | 6        | X        |          |
| 7a         | Does the organization have members, stockholders, or other persons who may elect one or more members                 |                |     | -        |          |          |
|            | of the governing body?   |                |     | 7a       | X        | <u> </u> |
| þ          | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?              |                |     | 7b       | X        | ļ        |
| 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        |          |
| b          | Each committee with authority to act on behalf of the governing body?  |                |     | 8b       | X        |          |
| 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                       |                |     | 9        |          | X        |
|            | tion B. Policies (This Section B requests information about policies not required by the In                          | ternal         |     |          |          |          |
| <u>Rev</u> | /enue Code.)   |                |     |          |          |          |
|            |  |                |     |          | Yes      | No       |
| 10a        | Does the organization have local chapters, branches, or affiliates?  |                |     | 10a      | X        |          |
| b          | If "Yes," does the organization have written policies and procedures governing the activities of such chapters,      |                |     |          |          |          |
|            | affiliates, and branches to ensure their operations are consistent with those of the organization?                   |                |     | 10b      | X        | <u> </u> |
| 11         | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the         |                |     |          |          |          |
|            | form?  |                |     | 11       | X        | ļ        |
| 11a        | Describe in Schedule O the process, if any, used by the organization to review this Form 990                         |                |     | <u> </u> |          | <u> </u> |
| 12a        | Does the organization have a written conflict of interest policy? If "No," go to line 13                             |                |     | 12a      | Х        | <u> </u> |
| Ь          | Are officers, directors or trustees, and key employees required to disclose annually interests that could give       |                |     |          |          | 1        |
|            | rise to conflicts?   |                |     | 12b      | X        | <u> </u> |
| С          | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"           |                |     |          |          |          |
|            | describe in Schedule O how this is done  |                |     | 12c      | X        | ļ        |
| 13         | Does the organization have a written whistleblower policy?   |                |     | 13       | Х        | <u> </u> |
| 14         | Does the organization have a written document retention and destruction policy?                                      |                |     | 14       | X        | ļ        |
| 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      | <u> </u> | X        |
| b          | Other officers or key employees of the organization  |                |     | 15b      | <u> </u> | 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      | <u> </u> | X        |
| b          | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate          |                |     | ł        |          | ĺ        |
|            | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard       |                |     | ŀ        |          | ŀ        |
|            | the organization's exempt status with respect to such arrangements?  |                |     | 16b      |          | <u> </u> |
|            | ction 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 (501(c)(3)s or  | ıly)           |     |          |          |          |
|            | available for public inspection. Indicate how you make these available. Check all that apply                         |                |     |          |          |          |
|            | Own website X Another's website Upon request   |                |     |          |          |          |
| 19         | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of intere  | st             |     |          |          |          |
|            | policy, and financial statements available to the public.  |                |     |          |          |          |
| 20         | State the name, physical address, and telephone number of the person who possesses the books and records of the      | 9              |     |          |          |          |

organization >

Brentwood

Jackie Lynch

615-370-0920

DAA

Form 990 (2009)

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

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. Use Schedule J-2 if additional space is needed.
- 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. 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 the organization (A) | (B)                          |                    |                       | (0       | C)           |                                |          | (D)   | (E)  | (F)  |
|--|------------------------------|--------------------|-----------------------|----------|--------------|--------------------------------|----------|---|--|--|
| Name and Title                           | Average<br>hours per<br>week | Individual trustee | Institutional trustee | Officer  | Key employee | a Highest compensated employee |          | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| None                                     |                              |                    |                       | x        |              |                                |          | 0   | 0  |  |
| THIS IS A GROUP R                        | ETURN WH                     | IC                 | H                     | CO       | VE:          | RS                             |          |   |  |  |
| CHAPTER & HOUSING                        | CORPORA                      | ΤI                 | ON                    | 0        | F            |                                |          |   |  |  |
| ALPHA OMICRON PI                         | FRATERNI                     | ΤY                 | ,                     | IN       | Ċ.           |                                |          |   |  |  |
| EACH CHAPTER HAS                         | INDIVIDU                     | AL                 | 0                     | FF:      | TC:          | ERS                            | •        |   |  |  |
| NONE OF WHOM ARE                         | COMPENSA                     | TE                 | D                     | IN       | A            | ΥY                             |          |   |  |  |
| FORM. IT WOULD BE                        | IMPRACI                      | IC                 | AL                    | T        | þ            |                                |          |   |  |  |
| LIST EACH OFFICER                        | AND DIF                      | EC                 | TO                    | R :      | FO           | R                              |          |   |  |  |
| THIS RETURN.                             |                              |                    |                       |          |              |                                |          |   |  |  |
|  |                              |                    |                       |          | <u> </u><br> |                                |          |   |  |  |
|  |                              |                    |                       |          |              |                                |          |   |  | <u> </u>   |
|  |                              |                    |                       |          | _            | -                              |          |   |  |  |
|  |                              |                    |                       |          |              |                                |          |   |  |  |
|  |                              |                    |                       | <u> </u> |              |                                | $\vdash$ |   |  |  |
|  |                              |                    |                       |          |              |                                | -        |   |  |  |

| ra    |  | , Directors, Trus           | tees                           | , Ke                  | y En        | nplo          | yees                            | , and          | d Highest Compensated E                        | mployees (continued)                             |                               |  |                 |        |
|-------|--|-----------------------------|--------------------------------|-----------------------|-------------|---------------|---------------------------------|----------------|--|--|-------------------------------|--|-----------------|--------|
|       | (A)<br>Name and Title  | (B)<br>Average<br>hours per |                                |                       | (chec       |               | that a                          |                | (D) Reportable compensation                    | (E)<br>Reportable<br>compensation                | (F)<br>Estimated<br>amount of |  |                 |        |
|       |  | week                        | Individual trustee or director | Institutional trustee | Officer     | Key employee  | Highest compensated<br>employee | Former         | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | or<br>a                       | other compensation from the organization and related organizations |                 |        |
|       |  |                             |                                |                       |             |               |                                 |                |  |  |                               |  |                 |        |
|       |  |                             |                                |                       |             |               |                                 |                |  |  |                               |  |                 |        |
|       |  |                             |                                |                       |             |               |                                 |                |  |  |                               |  |                 |        |
|       |  |                             |                                |                       |             |               |                                 |                |  |  |                               |  |                 |        |
|       |  |                             |                                |                       |             |               |                                 |                |  |  |                               |  |                 |        |
|       |  |                             |                                |                       |             |               |                                 |                |  |  |                               |  |                 |        |
|       |  |                             |                                |                       |             |               |                                 |                |  |  |                               |  |                 |        |
|       |  |                             |                                |                       |             |               |                                 |                |  |  |                               |  |                 |        |
|       |  |                             |                                |                       |             |               |                                 |                |  |  |                               |  |                 |        |
|       |  |                             |                                |                       |             |               |                                 |                |  |  |                               |  |                 |        |
|       |  |                             |                                |                       |             |               |                                 |                |  |  |                               |  |                 |        |
|       |  |                             |                                | İ.,                   |             |               |                                 |                |  |  |                               |  |                 |        |
|       |  |                             |                                |                       |             |               |                                 |                |  |  |                               |  |                 |        |
| 1b    |  |                             |                                |                       |             |               |                                 | <b>&gt;</b>    |  |  |                               |  |                 |        |
| 2<br> | Total number of individuals (ind reportable compensation from      |                             |                                | to th                 | ose         | liste         | d abo                           | ve)            | who received more than \$1                     | 00,000 in  |                               |  |                 |        |
| 3     | Did the organization list any <b>fo</b>                            | mor officer direct          | nto                            |                       |             | 1,            |                                 |                |  |  | ٦                             | <b>—</b> ,   | Yes             | No     |
| 4     | employee on line 1a? If "Yes," For any individual listed on line   | complete Schedu             | ıle Ji                         | for s                 | uch i       | ndıv          | idual                           |                |  | m  |                               | 3  | _               | X      |
|       | the organization and related or<br>individual                      | ganızations great           | er th                          | an \$                 | 150,        | 0007          | lf "Y                           | es,"           | complete Schedule J for su                     |  |                               | 4  |                 | x      |
| 5     | Did any person listed on line 1a<br>services rendered to the organ | a receive or accru          | ie co<br>comi                  | mpe<br>plete          | nsat<br>Sch | ion f<br>edul | rom a<br>e J fo                 | any u<br>or su | unrelated organization for ich person          |  |                               | 5  |                 | x      |
|       | ction B. Independent Contracto                                     |                             |                                |                       |             |               |                                 |                |  |  |                               |  |                 |        |
| 1     | Complete this table for your fiv compensation from the organize    | ation                       | nsate                          | d inc                 | depe<br>——  | nder          | nt cor                          | ntrac          |  |  |                               |  |                 |        |
|       | Name and   | (A)<br>business address     |                                |                       |             |               |                                 | <u> </u>       | Descrip  | (B)<br>tion of services                          | $\longrightarrow$             | Com  | (C)<br>pensatio | on     |
|       |  | ·                           |                                |                       |             |               |                                 |                |  |  |                               |  |                 |        |
|       |  |                             |                                |                       |             |               |                                 |                |  |  |                               |  |                 |        |
|       |  |                             |                                |                       |             |               |                                 |                |  |  |                               |  |                 |        |
|       |  |                             |                                |                       |             |               |                                 |                |  |  |                               |  |                 |        |
|       |  |                             |                                |                       | •           |               |                                 |                |  | ****   |                               |  | _               |        |
| 2     | Total number of independent c<br>more than \$100,000 in comper     |                             |                                |                       |             |               | to th                           | ose            | listed above) who received                     |  |                               | 0  |                 |        |
| DAA   | 2.2 3.3. \$ 100,000 m 00mpor                                       |                             | <u> </u>                       |                       | <u></u>     |               |                                 | ,              |  |  |                               | Form   | 990             | (2009) |

|  | (2009) ALPHA OMICE                                      |              | PI FF       | ATERNI'    | ry, inc.             | 23-7046541                             | _ ·                                     | Page 9  |
|--|---|--------------|-------------|------------|----------------------|--|---|---|
| art V                                      | III Statement of Reve                                   | nue          |             |            | /A\ 1                | <b>/B)</b>                             | (0)                                     | (6)   |
|  |   |              |             |            | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| ଥ 1a                                       | Federated campaigns                                     | 1a           |             |            |                      |  |   |   |
| and other similar amounts  a b c d e f g b | Membership dues   | 1b           |             | 268,501    |                      |  |   |   |
| Ĕ c  | Fundraising events                                      | 1c           |             | 87,336     |                      |  |   |   |
| <u>e</u> d                                 | Related organizations                                   | 1d           |             | 38,021     |                      |  |   |   |
| Ē e  | Government grants (contributions)                       | 1e           |             |            |                      |  |   | `   |
| s f  | All other contributions, gifts, grants,                 |              |             |            |                      |  |   |   |
| Š  | and similar amounts not included above                  | 1f           |             | 80,509     |                      |  |   |   |
| <u> </u>                                   | Noncash contributions included in lines 1a-             | 1f :         | \$          |            |                      |  |   |   |
| e h  | Total. Add lines 1a-1f                                  |              |             | . •        | 474,367              |  |   |   |
|  |   |              |             | Busn. Code |                      |  |   |   |
| 2a<br>b<br>c<br>d<br>e                     | Room & Board  |              |             | 721310     | 6,551,332            | 6,551,332                              |   |   |
| b  | Chapter Activities                                      |              |             | 900099     | 6,155,330            | 6,155,330                              |   |   |
| С  | National Assessment                                     |              |             | 900099     | 2,298,845            | 2,298,845                              |   |   |
| d  | Parlor Fees   |              |             | 900099     | 1,487,149            | 1,487,149                              |   |   |
| е  | Miscellaneous   |              |             | 900099     | 996,444              | 996,444                                |   |   |
| þ f  | All other program service rever                         | nue          |             |            |                      |  |   | _   |
| g  | Total. Add lines 2a-2f                                  |              |             | •          | 17,489,100           |  |   |   |
| 3  | Investment income (including of                         | lividend     | is, interes | t, and     |                      |  |   |   |
|  | other similar amounts)                                  |              |             | ▶          | 22,319               | 5,479                                  | 12,864                                  | 3,97  |
| 4  | Income from investment of tax-                          | exemp        | t bond pro  | ceeds 🕨    |                      |  |   |   |
| 5  | Royalties   | -            |             | <b>•</b>   |                      |  |   |   |
|  | (ı) Real  |              | (II) P      | ersonal    |                      |  | [                                       |   |
| 6a   |   | , 687        |             |            |                      |  |   |   |
| b  |   | ,823         |             |            |                      |  |   |   |
| 1  | · · · · · · · · · · · · · · · · · · ·                   | ,864         |             |            |                      |  |   |   |
|  | Net rental income or (loss) Gross amount from           |              | 1           | <u> </u>   | 407,864              | 332,429                                | 75,435                                  |   |
| '-   | sales of assets (1) Securitie                           |              | (11)        | Other      |                      |  | 1                                       |   |
| 1.   |   | ,014         |             |            |                      |  |   |   |
| b  | Less cost or other                                      | 100          |             |            |                      |  |   |   |
|  |   | ,180<br>,166 |             |            |                      |  |   |   |
| i i  | · · · · · · · · · · · · · · · · · · ·                   | ,100         | 1           |            | 22 166               | 22 166                                 | 1                                       |   |
|  | Net gain or (loss)                                      |              |             | <u> </u>   | -32,166              | -32,166                                |   |   |
| oa   | Gross income from fundraising ever                      | าเร          |             |            | `                    | · ·                                    | 1                                       |   |
|  | (not including \$ of contributions reported on line 1c) |              |             |            |                      |  | 1                                       |   |
| <u> </u>                                   | See Part IV, line 18                                    | _            |             | 97,972     |                      |  | 1                                       |   |
| ь  | Less direct expenses                                    | b<br>b       |             | 68,187     | ` `                  |  | 1                                       |   |
| ֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓      | Net income or (loss) from fund                          | - 1          | events      | ▶          | 29,785               | 33,838                                 | İ                                       | -4,053  |
|  | Gross income from gaming activitie                      | - 1          | CVCIIIG     |            | 237.00               | 33,030                                 |   |   |
| "  | See Part IV, line 19                                    | a            |             |            |                      |  | ,                                       |   |
| Ь  | Less. direct expenses                                   | b            |             |            | ,                    |  | Ī                                       |   |
|  | Net income or (loss) from gam                           | ına actı     | vities      | •          |                      |  |   |   |
| 1  | Gross sales of inventory, less                          |              |             |            |                      |  |   |   |
|  | returns and allowances                                  | а            |             | i          | `` ,                 | ` \                                    | į                                       |   |
| Ь  | Less cost of goods sold                                 | ь            |             |            |                      | İ                                      | !                                       |   |
|  | Net income or (loss) from sales                         | of inv       | entory      | •          |                      | 1                                      | ļ                                       | ·   |
|  | Miscellaneous Revenue                                   |              |             | Busn. Code |                      |  |   |   |
| 11a  |   |              |             |            |                      |  |   |   |
| Ь  |   |              |             |            |                      |  |   |   |
| С  |   |              |             |            |                      |  |   |   |
| d  | All other revenue                                       |              |             |            |                      |  |   |   |
| e  | Total. Add lines 11a-11d                                |              |             | <b>•</b>   |                      |  |   |   |
|  | Total Revenue. See instructio                           |              |             | <b>.</b>   | 18,391,269           | 17,828,680                             | 88,299                                  | -77   |

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

|          | All other organizations must   |                       |                        |  | · ·                                   |
|----------|--|-----------------------|------------------------|--|---------------------------------------|
|          | not include amounts reported on lines 6b,  | (A)<br>Total expenses | (B)<br>Program service | (C)<br>Management and                            | ( <b>D</b> )<br>Fundraising           |
| _7b,     | 8b, 9b, and 10b of Part VIII.  | ·                     | expenses               | general expenses                                 | expenses                              |
| 1        |  |                       |                        |  |                                       |
|          | organizations in the U.S. See Part IV, line 21   | 272,653               |                        | <u> </u>   | ······                                |
| 2        | Grants and other assistance to individuals in  |                       |                        |  |                                       |
|          | the U.S. See Part IV, line 22  | 16,373                |                        |  |                                       |
| 3        | Grants and other assistance to governments,  |                       |                        |  |                                       |
|          | organizations, and individuals outside the   |                       |                        |  |                                       |
|          | U.S See Part IV, lines 15 and 16   |                       |                        |  |                                       |
| 4        | Benefits paid to or for members  | 6,000                 |                        |  |                                       |
| 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)   |                       |                        |  |                                       |
| 7        |  | 994,638               |                        |  |                                       |
| 7        | Other salaries and wages   | 934,030               |                        |  | <del></del>                           |
| 8        | Pension plan contributions (include section 401(k)                                       |                       |                        |  |                                       |
| _        | and section 403(b) employer contributions)   | 27 070                |                        | <del>                                     </del> |                                       |
| 9        | Other employee benefits  | 37,870                |                        | <del>                                     </del> |                                       |
| 10       | Payroll taxes  | 142,932               |                        |  |                                       |
| 11       | Fees for services (non-employees)  |                       |                        |  |                                       |
| а        | Management   | 12,232                | · - <del></del>        |  |                                       |
| b        | Legal  | 64,754                |                        |  |                                       |
| С        | Accounting   | 344,949               |                        |  |                                       |
| d        | Lobbying   |                       |                        |  |                                       |
| е        | Professional fundraising services See Part IV, line 17                                   |                       |                        |  |                                       |
| f        | Investment management fees   | 3,278                 |                        |  |                                       |
| g        | Other  | 86,328                | <del></del>            |  |                                       |
| 12       | Advertising and promotion  | 11,027                |                        |  |                                       |
| 13       | Office expenses  | 689,027               |                        |  |                                       |
| 14       | Information technology   | 33,466                | ·                      |  |                                       |
| 15       | Royalties  |                       |                        |  |                                       |
| 16       | Occupancy  | 4,693,307             |                        |  |                                       |
| 17       | Travel   | 50,076                |                        | <u> </u>   |                                       |
| 18       | Payments of travel or entertainment expenses   | 30,010                |                        |  |                                       |
|          | for any federal, state, or local public officials  |                       |                        |  |                                       |
| 40       | · '  | 250,987               |                        |  |                                       |
| 19<br>20 | Conferences, conventions, and meetings   | 211,585               |                        | <del>                                     </del> | <u> </u>                              |
| 20       | Interest   | 2,072,227             |                        | <del>                                     </del> |                                       |
| 21       | Payments to affiliates   |                       |                        |  |                                       |
| 22       | Depreciation, depletion, and amortization  | 1,200,263             |                        | <del> </del>                                     | <del></del>                           |
| 23       | Insurance  | 6,006                 |                        | <del> </del>                                     |                                       |
|          | 0.0  |                       |                        |  |                                       |
| 24       | Other expenses Itemize expenses not  |                       |                        |  |                                       |
|          | covered above (Expenses grouped together   |                       |                        |  |                                       |
|          | and labeled miscellaneous may not exceed   |                       |                        | ,  |                                       |
|          | 5% of total expenses shown on line 25 below )  |                       |                        |  | · · · · · · · · · · · · · · · · · · · |
| а        | RUSH/SOCIAL ACTIVITIES   | 1,998,718             |                        |  | <del></del>                           |
| b        | FOOD/SUPPLY  | 1,503,724             |                        |  | <del></del>                           |
| С        | MISCELLANEOUS  | 1,489,992             |                        |  |                                       |
| d        | PERSONAL FUND  | 486,589               |                        |  |                                       |
| е        | BLDG/MAINT & FURNISHING  | 481,812               |                        |  |                                       |
| f        | All other expenses   | 642,428               |                        |  |                                       |
| 25       | Total functional expenses. Add lines 1 through 24f                                       | 17,803,241            |                        |  |                                       |
| 26       |  | , ,                   |                        |  |                                       |
|          | SOP 98-2 Complete this line only if the  |                       |                        |  |                                       |
|          | organization reported in column (B) joint costs from a combined educational campaign and |                       |                        |  |                                       |
|          | from a combined educational campaign and fundraising solicitation                        |                       |                        |  |                                       |
| DAA      | g oonenstern   | <u> </u>              |                        | <u> </u>   | Form QQ0 (200                         |

| Par                         |     | Balance Sheet  | · · · · · · · · · · · · · · · · · · ·   | (A)                      |         | (B)                |
|-----------------------------|-----|--|---|--------------------------|---------|--------------------|
|                             |     |  |   | (A)<br>Beginning of year |         | (B)<br>End of year |
| $\neg \vdash$               | 1   | Cook non-interest because                                      |   |                          |         |                    |
|                             | 2   | Cash—non-interest bearing                                      | -                                       | 2,086,446                |         | 1,755,200          |
|                             | 2   | Savings and temporary cash investments                         |   | 3,872,835                |         | 3,971,434          |
|                             | 3   | Pledges and grants receivable, net                             | <u> </u>                                | 103,095                  |         | 28,786             |
| - 1                         | 4   | Accounts receivable, net                                       |   | 1,305,733                | 4       | 657,732            |
|                             | 5   | Receivables from current and former officers, directors, tru   | · · · · · · · · · · · · · · · · · · ·   |                          |         |                    |
|                             |     | employees, and highest compensated employees Comple            | ete Part II of                          |                          | _       |                    |
|                             | _   | Schedule L   |   |                          | 5       |                    |
|                             | 6   | Receivables from other disqualified persons (as defined un     | t t                                     |                          |         |                    |
| ĺ                           |     | 4958(f)(1)) and persons described in section 4958(c)(3)(B      | ) Complete                              | 5 000                    |         |                    |
| S.                          | _   | Part II of Schedule L  | 5,000                                   |                          |         |                    |
| Assets                      | 7   | Notes and loans receivable, net                                | <b>-</b>                                |                          | 7       |                    |
| AS                          | 8   | Inventories for sale or use                                    | -                                       | 200                      | 8       | 106 607            |
| ,                           | 9   | Prepaid expenses and deferred charges                          | , ,                                     | 93,091                   | 9       | 106,637            |
| 1                           | 10a | Land, buildings, and equipment cost or                         |   |                          |         |                    |
|                             |     | other basis Complete Part VI of Schedule D                     | 10a 38,457,089                          |                          |         |                    |
|                             | Ь   | Less accumulated depreciation                                  | 10b 11,151,341                          | 28,362,187               | 10c     | 27,305,748         |
| 1                           | 11  | Investments—publicly traded securities                         | <u>_</u>                                | 335,005                  | 11      | 358,120            |
| 1                           | 12  | Investments—other securities See Part IV, line 11              |   |                          | 12      |                    |
| 1                           | 13  | Investments—program-related See Part IV, line 11               |   | 332,295                  | 13      | 290,852            |
| 1                           | 14  | Intangible assets  |   |                          | 14      |                    |
| 1                           | 15  | Other assets See Part IV, line 11                              |   | 237,007                  | 15      | 867,982            |
| 1                           | 16  | Total assets. Add lines 1 through 15 (must equal line 34)      |   | 36,732,894               | 16      | 35,342,491         |
| 1                           | 17  | Accounts payable and accrued expenses                          | 616,181                                 | 17                       | 440,445 |                    |
| 1                           | 18  | Grants payable   | <u>_</u>                                | 2,500                    | 18      |                    |
| 1                           | 19  | Deferred revenue   |   | 153,714                  | 19      | 48,225             |
|                             | 20  | Tax-exempt bond liabilities                                    | <u> </u>                                |                          | 20      |                    |
| Se 2                        | 21  | Escrow or custodial account liability Complete Part IV of S    |   |                          | 21      |                    |
| Liabilities                 | 22  | Payables to current and former officers, directors, trustees   | - · · · · · · · · · · · · · · · · · · · |                          |         |                    |
| ap                          |     | employees, highest compensated employees, and disqual          | ified                                   |                          |         |                    |
| <b>=</b>                    |     | persons Complete Part II of Schedule L                         |   | 58,000                   | 22      |                    |
| 2                           | 23  | Secured mortgages and notes payable to unrelated third p       | F                                       | 12,853,010               | 23      | 10,199,507         |
| 2                           | 24  | Unsecured notes and loans payable to unrelated third part      | ties                                    | 730,629                  | 24      | 406,055            |
| 2                           | 25  | Other liabilities Complete Part X of Schedule D                |   | 1,490,791                | 25      | 3,599,050          |
| 2                           | 26  | Total liabilities. Add lines 17 through 25                     |   | 15,904,825               | 26      | 14,693,282         |
| es                          |     | Organizations that follow SFAS 117, check here ▶ X             | and                                     |                          | `       |                    |
| 2                           |     | complete lines 27 through 29, and lines 33 and 34.             |   |                          |         |                    |
| [ 2                         | 27  | Unrestricted net assets  |   | 20,533,445               |         | 20,569,698         |
| mi   2                      | 28  | Temporarily restricted net assets                              |   | 294,624                  | 28      | 64,000             |
| [ 2                         | 29  | Permanently restricted net assets                              |   |                          | 29      | 15,511             |
| 교                           |     | Organizations that do not follow SFAS 117, check here          | e ▶ 🗌                                   | `                        |         |                    |
| 6                           |     | and complete lines 30 through 34.                              |   |                          |         |                    |
| <b>t</b>                    | 30  | Capital stock or trust principal, or current funds             |   |                          | 30      |                    |
| Se                          | 31  | Paid-in or capital surplus, or land, building, or equipment fi | und                                     |                          | 31      |                    |
| As                          | 32  | Retained earnings, endowment, accumulated income, or o         | other funds                             |                          | 32      |                    |
| Net Assets or Fund Balances | 33  | Total net assets or fund balances                              |   | 20,828,069               |         | 20,649,209         |
| $\mathbf{Z} \mid_3$         | 34  | Total liabilities and net assets/fund balances                 |   | 36,732,894               | 34      | 35,342,491         |

Form **990** (2009)

|    | 990 (2009) ALPHA OMICRON PI FRATERNITY, INC. 23-7046541  |             | Pag           | je <b>12</b> |
|----|--|-------------|---------------|--------------|
| Pa | rt XI Financial Statements and Reporting   | <del></del> |               |              |
|    |  |             | Yes           | No           |
| 1  | Accounting method used to prepare the Form 990 Cash Accrual X Other  |             | Ī             |              |
|    | 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            |
| b  | Were the organization's financial statements audited by an independent accountant?                             | 2b          |               | X            |
| 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  |             | $\neg \neg$   |              |
|    | Schedule O   |             |               |              |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were    |             |               |              |
|    | issued on a consolidated basis, separate basis, or both  |             |               |              |
|    | Separate basis Consolidated basis Both consolidated and separate basis   |             | - [           |              |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in    |             | - 1           |              |
|    | the Single Audit Act and OMB Circular A-133?   | 3a          | 1             | Х            |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the   | 32          | $\overline{}$ |              |
| _  | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       | 3b          |               |              |
|    | required addit of addits, explain why in schedule o and describe any steps taken to undergo such addits.       | ·           | 000           |              |
|    |  | Form        | 990           | (2009)       |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

Inspection Employer identification number Name of the organization ALPHA OMICRON PI FRATERNITY, INC. GROUP RETURN 23-7046541 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 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" to 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 pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of 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 a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 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? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

|            |   | RON PI FRATER                         | RNITY, INC           | <u>C.                                     </u> | 23-70465           | 541  | Page 2                |
|------------|---|---------------------------------------|----------------------|--|--------------------|--|-----------------------|
| Pa         | ert III Organizations Maintaining (   | Collections of Art, H                 | istorical Treas      | sures, c                                       | or Other Simil     | ar Assets  | (continued)           |
| 3          | Using the organization's acquisition, accession, collection items (check all that apply)                  | and other records, check a            | ny of the following  | that are a                                     | significant use of | its  |                       |
| а          | Public exhibition   | d Loan or                             | exchange progran     | ns   |                    |  |                       |
| ь          | Scholarly research  | e Other                               | ononengo program     |  |                    |  |                       |
| С          | Preservation for future generations   | G Gallon                              |                      |  |                    |  |                       |
| 4          | Provide a description of the organization's collect Part XIV  | ctions and explain how they           | further the organiz  | zation's ex                                    | kempt purpose in   |  |                       |
| 5          | During the year, did the organization solicit or re<br>assets to be sold to raise funds rather than to be | ceive donations of art, histo         | orical treasures, or | other sım                                      | ılar               |  |                       |
| Da         |   |                                       |                      |  | 1 40 4 11          |  | Yes No                |
| Га         |   | igements. Complete                    | ir the organiza      | ation an                                       | iswered "Yes"      | to Form 9  | 990, Part             |
|            | IV, line 9, or reported an amo  |                                       |                      | ·  |                    |  |                       |
| 1a         | Is the organization an agent, trustee, custodian  | or other intermediary for co          | ntributions or other | r assets n                                     | ot                 |  |                       |
|            | included on Form 990, Part X?   |                                       |                      |  |                    |  | Yes No                |
| þ          | If "Yes," explain the arrangement in Part XIV and   | d complete the following tab          | ole                  |  |                    |  |                       |
|            |   |                                       |                      |  |                    |  | Amount                |
| С          | Beginning balance   |                                       |                      |  |                    | 1c   |                       |
| d          | Additions during the year   |                                       |                      |  |                    | 1d   |                       |
| е          | Distributions during the year   |                                       |                      |  |                    | 1e   |                       |
| f          | Ending balance  |                                       |                      |  |                    | 1f   |                       |
| 2a         | Did the organization include an amount on Form  | 990, Part X, line 21?                 |                      |  |                    |  | Yes No                |
|            | If "Yes," explain the arrangement in Part XIV   | , ,                                   |                      |  |                    |  |                       |
| Pa         | rt V Endowment Funds. Comple  | te if organization ans                | wered "Yes" to       | o Form   | 990. Part IV.      | line 10  |                       |
|            |   | (a) Current year                      | (b) Pnor year        |  |                    | hree years bac                                   | k (e) Four years back |
| 1a         | Beginning of year balance   |                                       |                      |  |                    |  | (-,                   |
| ь          | Contributions   |                                       |                      | <del> </del>                                   |                    |  |                       |
| c          | Net investment earnings, gains,   |                                       |                      | <del> </del>                                   |                    |  |                       |
| _          | and losses  |                                       |                      |  |                    |  |                       |
| А          | Grants or scholarships  | · · · · · · · · · · · · · · · · · · · |                      | <del> </del>                                   |                    | `  |                       |
| _          | Other expenditures for facilities   |                                       | · <u></u>            | <del> </del>                                   |                    |  |                       |
| ·          |   |                                       |                      |  |                    |  |                       |
|            | and programs  |                                       |                      | <del> </del>                                   |                    | <del></del>                                      |                       |
|            | Administrative expenses   |                                       | ·                    | <del> </del>                                   |                    |  |                       |
| g          | End of year balance   |                                       |                      |  |                    |  |                       |
| 2          | Provide the estimated percentage of the year en   |                                       |                      |  |                    |  |                       |
| а          | Board designated or quasi-endowment   | %                                     |                      |  |                    |  |                       |
| p          | Permanent endowment %   |                                       |                      |  |                    |  |                       |
|            | Term endowment ▶ %  |                                       |                      |  |                    |  |                       |
| 3 <b>a</b> | Are there endowment funds not in the possession   | on of the organization that a         | re held and admın    | istered for                                    | the                |  |                       |
|            | organization by:  |                                       |                      |  |                    |  | Yes No                |
|            | (i) unrelated organizations   |                                       |                      |  |                    |  | 3a(i)                 |
|            | (ii) related organizations  |                                       |                      |  |                    |  | 3a(ii)                |
| b          | If "Yes" to 3a(II), are the related organizations lis   |                                       |                      |  |                    |  | 3b                    |
| 4          | Describe in Part XIV the intended uses of the or  |                                       |                      |  |                    |  |                       |
| Pa         | rt VI Investments—Land, Buildin   | gs, and Equipment.                    | See Form 990         | ), Part )                                      | K, line 10.        |  |                       |
|            | Description of investment   | (a) Cost or other basis               | (b) Cost or at       | her  | (c) Accumulat      | ted  | (d) Book value        |
|            |   | (investment)                          | basis (other         | r)   | depreciation       | n  |                       |
| 1a         | Land  |                                       | 1,526                | ,060   | ``, `              | **   | 1,526,060             |
| b          | Buildings   | 3,366,346                             | 15,424               | ,865   | 4,155              | ,545   | 14,635,666            |
| С          | Leasehold improvements  | 1,796,050                             |                      |  | 1,414              |  | 7,588,446             |
|            | Equipment   | 3,458,238                             |                      | ,087   | 2,392              |  | 1,503,827             |
|            | Other   | 263,693                               |                      |  | 3,188              |  | 2,051,749             |
|            | . Add lines 1a through 1e (Column (d) must equa   |                                       |                      | 7000   | 3,130              | <del>'                                    </del> | 27,305,748            |
|            |   | Jim Joo, Fait A, Coldini              | , (D), mie 10(C) )   |  |                    | <u> </u>   | 21,303,148            |

| Schedule D (Form 990) 2009 ALPHA OMICRON PI FRATE                                    |  | 23-7046541            | Page 3                                   |
|--|--|-----------------------|--|
| Part VII Investments—Other Securities. See Form 990                                  | <del>}</del>                                 | <del>,</del>          |  |
| (a) Description of security or category  | (b) Book value                               | (c) Method of va      |  |
| (including name of security)   |  | Cost or end-of-year r | narket value                             |
| Financial derivatives  | ·  |                       |  |
| Closely-held equity interests  | <u> </u>                                     |                       | ·-                                       |
| Other  |  |                       |  |
|  |  |                       |  |
|  |  |                       |  |
|  | <del></del>                                  |                       |  |
|  |  |                       |  |
|  |  |                       |  |
|  |  |                       |  |
|  |  |                       |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12)                     | <u>.                                    </u> |                       | <del></del>                              |
| Part VIII Investments—Program Related. See Form 990                                  | ) Part X line 13                             | <u> </u>              |  |
| (a) Description of investment type   | (b) Book value                               | (c) Method of va      |  |
| 7,   | (5, 553 1455                                 | Cost or end-of-year r |  |
|  |  | <u> </u>              |  |
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|  |  |                       |  |
|  |  |                       |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13)                     |  |                       |  |
| Part IX Other Assets. See Form 990, Part X, line 15.                                 |  |                       |  |
| (a) Description  |  |                       | (b) Book value                           |
|  |  |                       |  |
|  |  |                       |  |
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|  | -  |                       |  |
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|  | ·  |                       |  |
|  |  |                       |  |
|  | ····   |                       |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15)                     |  |                       |  |
| Part X Other Liabilities. See Form 990, Part X, line 25                              |  |                       |  |
| 1. (a) Description of liability  | (b) Amount                                   |                       | <del></del>                              |
| Federal income taxes   | (-):   |                       |  |
| Delta Sigma Corp- loan   | 2,264,513                                    | `                     | `  |
| A011 Prop-Int swap, payable, dep   | 1,089,353                                    | ,                     |  |
| Alpha Lambda-  | 135,052                                      | `                     | ` `                                      |
| Sigma AlpCo -Prop loan, Payroll, DDR   | 51,242                                       |                       |  |
| Beta Phi- payroll, accrued rent, ddr   | 25,078                                       |                       |  |
| Lambda Sigma- Room deposit   | 9,775  |                       |  |
| Nu Beta- Member Payable  | 6,712  | `                     |  |
| Gamma Omicron-sec dep, payroll   | 4,659  |                       |  |
| Xi Omicron Corp- Payroll   | 4,592  |                       |  |
| All Other  | 8,074  |                       | ***                                      |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)                    | 3,599,050                                    |                       | S. S. S. S. S. S. S. S. S. S. S. S. S. S |
| 2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization |  | that reports the      | <u>``</u>                                |
| organization's liability for uncertain tax positions under FIN 48.                   |  | •                     |  |

| <u>Sche</u> | dule D (Form 990) 2009 ALPHA OMICRON PI FRATERNITY,  | INC.     | 23-704654             | 1            | Page 4                                |
|-------------|--|----------|-----------------------|--------------|---------------------------------------|
| Pa          | rt XI Reconciliation of Change in Net Assets from Form 990 to  | Audit    | ed Financial Statem   | ents         |                                       |
| 1           | Total revenue (Form 990, Part VIII, column (A), line 12)   |          |                       | 1            |                                       |
| 2           | Total expenses (Form 990, Part IX, column (A), line 25)  |          |                       | 2            |                                       |
| 3           | Excess or (deficit) for the year Subtract line 2 from line 1   |          |                       | 3            |                                       |
| 4           | Net unrealized gains (losses) on investments   |          |                       | 4            |                                       |
| 5           | Donated services and use of facilities   |          |                       | 5            |                                       |
| 6           | Investment expenses  |          |                       | 6            |                                       |
| 7           | Prior period adjustments   |          |                       | 7            |                                       |
| 8           | Other (Describe in Part XIV )  |          |                       | 8            |                                       |
| 9           | Total adjustments (net) Add lines 4 through 8  |          |                       | 9            |                                       |
| 10          | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9                         |          |                       | 10           |                                       |
| Pa          | rt XII Reconciliation of Revenue per Audited Financial Stateme   | ents W   | ith Revenue per Ret   | urn          |                                       |
| 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 on investments  | 2a       |                       |              |                                       |
| b           | Donated services and use of facilities   | 2b       |                       |              |                                       |
| С           | Recoveries of prior year grants  | 2c       |                       |              |                                       |
| d           | Other (Describe in Part XIV )  | 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 XIV.)  | 4b       |                       |              |                                       |
| c           | Add lines 4a and 4b  | -15      | L                     | 4c           |                                       |
| 5           | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)                                    |          |                       | 5            |                                       |
|             | irt XIII Reconciliation of Expenses per Audited Financial Statem   | ents V   | Vith Expenses per R   |              | <u> </u>                              |
| 1           | Total expenses and losses per audited financial statements   |          | Titil Expenses per it | 1            | ·                                     |
| 2           | Amounts included on line 1 but not on Form 990, Part IX, line 25   |          |                       | - <u>-</u> - | · · · · · · · · · · · · · · · · · · · |
| a           | Donated services and use of facilities   | 2a       | l                     |              |                                       |
| b           | Prior year adjustments   | 2b       |                       |              |                                       |
| c           | Other losses   | 2c       |                       |              |                                       |
| d           | Other (Describe in Part XIV.)  | 2d       |                       | `            |                                       |
| e           | Add lines 2a through 2d  |          |                       | 3.           |                                       |
| 3           | Subtract line 2e from line 1   |          |                       | 2e<br>3      |                                       |
| 4           |  | 1        | ſ                     | 3            |                                       |
|             | Amounts included on Form 990, Part IX, line 25, but not on line 1:   |          |                       |              |                                       |
| a<br>b      | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a       |                       | 1            |                                       |
|             | Other (Describe in Part XIV ) Add lines 4a and 4b  | 4b       |                       | 1            |                                       |
| 5           |  |          |                       | 4c<br>5      |                                       |
|             | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  IRT XIV Supplemental Information |          |                       | <u> </u>     |                                       |
| _           | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line              | 0.10.00  | d 4: Part IV Irace 1h |              |                                       |
|             | the Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, line              |          |                       |              |                                       |
|             | art to provide any additional information  | S Zu and | 140 Also complete     |              |                                       |
| uno p       | art to provide any additional information  |          |                       |              |                                       |
|             |  |          |                       |              |                                       |
|             |  |          |                       |              |                                       |
|             |  |          |                       |              |                                       |
|             |  |          |                       |              |                                       |
|             | - <b></b>  |          |                       |              |                                       |
|             | · =  |          | <b></b>               |              |                                       |
|             |  |          |                       |              |                                       |
| _           |  |          |                       |              |                                       |
| _           | <b> </b>   |          |                       |              |                                       |
|             |  |          |                       |              |                                       |

| Sch | edu | le D | (Fo | rm 9 | 90) | 2009 | 9   | Al  | LPI  | AL. | O    | )IN  | CRC | N     | Ρ.  | [ ]          | ·R | ATI | ERN | lI. | ľΥ, | , 1 | INC | Ι. |            | 23 | <del>-7</del> ( | J 4 6 | 54 | 1 |   |   |   |   |   | Page 5     |
|-----|-----|------|-----|------|-----|------|-----|-----|------|-----|------|------|-----|-------|-----|--------------|----|-----|-----|-----|-----|-----|-----|----|------------|----|-----------------|-------|----|---|---|---|---|---|---|------------|
| P   | art | XI   | V   | Su   | aa  | lem  | ent | tal | Info | orm | atio | on ( | cor | ntini | iec | <u> </u>     |    |     |     |     |     |     |     |    |            |    |                 |       |    |   |   |   |   |   |   |            |
| _   |     |      |     |      | FF  |      |     |     |      |     |      |      |     |       |     | <del>'</del> |    |     |     |     |     |     |     |    |            |    |                 |       |    |   |   |   |   |   |   |            |
|     |     |      |     |      |     |      |     |     |      |     |      |      |     |       |     |              |    |     |     |     |     |     |     |    |            |    |                 |       |    |   |   |   |   |   |   |            |
|     | _   | _    | _   | _    | _   | _    | _   | _   | _    | -   | _    | _    | _   | _     | _   | _            | _  | _   | _   | _   | _   | _   | _   | _  |            |    | _               | _     | _  |   | _ | _ | _ | _ | _ |            |
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|     |     |      |     |      |     |      |     |     |      |     |      |      |     |       |     |              |    |     |     |     |     |     |     |    |            |    |                 |       |    |   |   |   |   |   |   |            |
| _   | _   | _    | _   |      |     |      | _   |     |      |     |      |      |     |       |     |              |    |     |     |     |     |     |     |    |            |    |                 |       |    |   |   |   |   |   |   |            |
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|     |     |      |     |      |     |      |     |     |      |     |      |      |     |       |     |              |    |     |     |     |     |     |     |    |            |    |                 |       |    |   |   |   |   |   |   |            |
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| _   | -   | _    | _   | _    | _   | _    | _   | _   | _    | _   | _    | _    | _   | _     | _   | _            | _  | _   | _   | -   | -   | -   |     |    |            |    | _               | _     | _  | _ | _ | _ | _ | _ | _ |            |
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| _   | _   | -    | _   | _    | _   | _    |     | _   | _    | _   | _    | _    | _   | _     | _   | _            | _  | _   | _   | _   | _   | _   |     |    |            |    | _               | _     | _  | _ | _ | _ | _ |   | _ |            |
|     |     |      |     |      |     |      |     |     |      |     |      |      |     |       |     |              |    |     |     |     |     |     |     |    |            |    |                 |       |    |   |   |   |   |   |   |            |
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|     |     |      |     |      |     |      |     |     |      |     |      |      |     |       |     |              |    |     |     |     |     |     |     |    |            |    |                 |       |    |   |   |   |   |   |   |            |
|     |     |      |     |      |     |      |     |     |      |     |      |      |     |       |     |              |    |     |     |     |     |     |     |    |            |    |                 |       |    |   |   |   |   |   |   |            |
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|     |     |      |     |      |     |      |     |     |      |     |      |      |     |       |     |              |    |     |     |     |     |     |     |    |            |    |                 |       |    |   |   |   |   |   |   |            |
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|     |     |      |     |      |     |      |     |     |      |     |      |      |     |       |     |              |    |     |     |     |     |     |     |    |            |    |                 |       |    |   |   |   |   |   |   |            |
| _   |     |      |     |      |     |      |     |     |      |     |      |      |     |       |     |              |    |     |     |     |     |     |     |    |            |    |                 |       |    |   |   |   |   |   |   |            |
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|     |     |      |     |      |     |      |     |     |      |     |      |      |     |       |     |              |    |     |     |     |     |     |     |    |            |    |                 |       |    |   |   |   |   |   |   |            |
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|     |     |      |     |      |     |      |     |     |      |     |      |      |     |       |     |              |    |     |     |     |     |     |     |    |            |    |                 |       |    |   |   |   |   |   |   |            |
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|     |     |      |     |      |     |      |     |     |      |     |      |      |     |       |     |              |    |     |     |     |     |     |     |    |            |    |                 |       |    |   |   |   |   |   |   |            |
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|     |     |      |     |      |     |      |     |     |      |     |      |      |     |       |     |              |    |     |     |     |     |     |     |    |            |    |                 |       |    |   |   |   |   |   |   |            |
| _   | _   | _    | _   | _    | _   | _    | _   | _   | _    | _   | _    | _    | _   | _     | _   | _            | _  | _   | _   | -   | _   | _   | _   | _  |            |    | · –             | _     | _  | _ | _ | _ | _ | _ |   |            |
|     |     |      |     |      |     |      |     |     |      |     |      |      |     |       |     |              |    |     |     |     |     |     |     |    |            |    |                 |       |    |   |   |   |   |   |   |            |

**SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ
See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service **ALPHA** OMICRON PI FRATERNITY, INC. Name of the organization

**Employer identification number** 

| GROUP RETURN   |                       |   |                        |   | 23-70465  | 41  |
|--|-----------------------|---|------------------------|---|---|---|
| Part I Fundraising Activities. Complete if Form 990-EZ filers are not required   |                       |   |                        | red "Yes" to Form                               | 990, Part IV, line  | e 17.   |
| 1 Indicate whether the organization raised funds through an  | ny of the following a | ctivitie  | s Ch                   | eck all that apply                              |   |   |
| a Mail solicitations   | e Solicitation        | of non  | -gove                  | rnment grants                                   |   |   |
| b Internet and email solicitations   | f Solicitation        | of gov  | ernme                  | ent grants                                      |   |   |
| c Phone solicitations  | g Special fun         | draisin   | g eve                  | nts   |   |   |
| d In-person solicitations  |                       |   |                        |   |   |   |
| 2a Did the organization have a written or oral agreement with or key employees listed in Form 990, Part VII) or entity in    | h any individual (inc | cluding<br>ofessio                                | office                 | rs, directors, trustees<br>indraising services? |   | Yes No  |
| b If "Yes," list the ten highest paid individuals or entities (fur<br>to be compensated at least \$5,000 by the organization | ndraisers) pursuant   | to agr  | eeme                   | nts under which the fur                         | idraiser is   |   |
| (i) Name of individual or entity (fundraiser)  | (ii) Activity         | (iii) Did<br>raiser<br>custo<br>contr<br>contribi | have<br>dy or<br>ol of | (iv) Gross receipts<br>from activity            | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col (i) | (vi) Amount paid to<br>(or retained by)<br>organization |
|  |                       | Yes   | No                     |   |   |   |
|  |                       |   |                        |   |   |   |
|  |                       |   |                        |   |   |   |
|  |                       |   |                        |   |   |   |
|  |                       |   |                        |   |   |   |
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|  |                       |   |                        |   |   |   |
|  |                       |   |                        |   |   |   |
| Total  | •                     |   |                        |   |   |   |

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2009 ALPHA OMICRON PI FRATERNITY, INC. 23-7046541 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events RHO OMICRON ZETA PSI (add col (a) through 13 col (c)) (event type) (event type) (total number) Revenue 20,825 20,392 56,755 97,972 Gross receipts Less Charitable contributions Gross revenue (line 1 20,825 20,392 56,755 97,972 minus line 2) Cash prizes 4 Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment 32,770 17,681 8,047 58,498 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 58,498 Net income summary Combine line 3, column (d), and line 10 39,474 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (Add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes % Volunteer labor No No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 Y<u>es</u> No Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states? 9a If "No," Explain Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a If "Yes," Explain b 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

| Sche | dule G (Form 990 or 990-EZ) 2009                | LPHA       | OMICRON            | PI      | FRATERNITY,               | INC.  | 23-     | -7046 | 541 |     | Р   | age <b>3</b> |
|------|---|------------|--------------------|---------|---------------------------|-------|---------|-------|-----|-----|-----|--------------|
|      |   |            |                    |         |                           |       |         |       |     |     | Yes | No           |
| 13   | Indicate the percentage of gaming activity op-  | erated in  | •                  |         |                           |       |         |       |     |     | `   |              |
| а    | The organization's facility                     |            |                    |         |                           |       | 13a     |       | %   |     |     |              |
| b    | An outside facility                             |            |                    |         |                           |       | 13b     |       | %   | `   |     |              |
| 14   | Provide the name and address of the person      | who pre    | pares the organiz  | ation's | s gaming/special events b | ooks  |         |       |     | ٠,  |     | ļ            |
|      | and records                                     |            |                    |         |                           |       |         |       |     |     |     | !            |
|      | Name  |            |                    |         |                           |       |         |       |     |     |     |              |
|      | Address >                                       |            |                    |         |                           |       |         |       |     |     |     | :<br>}       |
| 15a  | Does the organization have a contract with a    | third par  | ty from whom the   | orgar   | nization receives gaming  |       |         |       |     |     |     |              |
|      | revenue?  |            |                    |         |                           |       |         |       | Ľ   | 15a |     |              |
| b    | If "Yes," enter the amount of gaming revenue    | received   | d by the organizat | tion 🕨  | \$                        |       | and the |       |     |     |     | ,            |
|      | amount of gaming revenue retained by the th     |            | ▶ \$               |         | •                         |       |         |       |     |     |     | 1            |
| С    | If "Yes," enter name and address of the third   | party      |                    |         |                           |       |         |       |     |     |     | İ            |
|      | Name  |            |                    |         |                           |       |         |       |     |     |     | <u> </u>     |
|      | Address ▶                                       |            |                    |         |                           |       |         |       |     |     |     |              |
| 16   | Gaming manager information                      |            |                    |         |                           |       |         |       |     |     | ,   | :            |
|      | Name >  |            |                    |         |                           |       |         |       |     |     |     | Ì            |
|      | Gaming manager compensation ▶ \$                |            |                    |         |                           |       |         |       |     |     |     | -            |
|      | Description of services provided ▶              |            |                    |         |                           |       |         |       |     |     |     | -            |
|      | Director/officer Employe                        | е          | Indepe             | ndent   | contractor                |       |         |       |     |     |     |              |
| 17   | Mandatory distributions                         |            |                    |         |                           |       |         |       |     |     |     |              |
| а    | Is the organization required under state law to | make o     | haritable distribu | tions f | rom the gaming proceeds   | to    |         |       | Ì   |     |     |              |
|      | retain the state gaming license?                |            |                    |         |                           |       |         |       | Ŀ   | 17a |     |              |
| b    | Enter the amount of distributions required und  | der state  | law distributed to | other   | exempt organizations or   | spent |         |       |     |     |     | l            |
|      | in the organization's own exempt activities du  | ring the i | tax vear ▶ \$      |         |                           |       |         |       | 1   |     | - 1 | i            |

Schedule G (Form 990 or 990-EZ) 2009

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SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

Open to Public Inspection 2009

2

X Yes

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service

Employer identification number 23-7046541

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance GROUP RETURN Part

the selection critena used to award the grants or assistance?

ALPHA OMICRON PI FRATERNITY, INC.

Name of the organization

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is peopled. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II

| Part IV and Schedule I-1 (Form 990) if additional space is needed | 0) if additional s | pace is r                | needed                   |                        |                                |                     | <b>^</b>             |
|---|--------------------|--------------------------|--------------------------|------------------------|--------------------------------|---------------------|----------------------|
| 1 (a) Name and address of organization                            | (b) EIN            | (c) IRC                  | (d) Amount of cash grant | (e) Amount of non-cash | (f) Method of valuation        | (g) Description of  | (h) Purpose of grant |
| or government   |                    | section<br>if applicable |                          | assistance             | (book, rimv, appraisal, other) | non-cash assistance | or assistance        |
| ALPHA OMICRON PI PROPERTY   |                    |                          |                          |                        |                                |                     |                      |
| 5390 VIRGINIA WAY   |                    |                          |                          |                        |                                |                     | SUPPORT OF CHAPTERS  |
| BRENTWOOD TN 37027  | 62-0950113         | 7                        | 70,829                   |                        |                                |                     |                      |
| GAMMA OMICRON   |                    |                          |                          |                        |                                |                     |                      |
| 819 W PANHELLENIC DRIVE   |                    |                          |                          |                        |                                |                     |                      |
| GAINESVILLE FL 32601  | 59-0651128         |                          | 20,522                   |                        | -                              |                     |                      |
| NU BETA   |                    |                          |                          |                        |                                |                     |                      |
| P.O.BOX 1237  |                    |                          |                          |                        |                                |                     |                      |
| OXFORD MS 38655   | 64-0820041         |                          | 25,966                   |                        |                                |                     |                      |
| ALPHA DELTA   |                    |                          |                          |                        |                                |                     |                      |
| Available upon request  |                    |                          |                          |                        |                                |                     |                      |
| TUSCALOOSA AL 35403   | 23-7139197         |                          | 14,858                   |                        |                                |                     |                      |
| ALPHA GAMMA   |                    |                          |                          |                        |                                |                     |                      |
| Available upon request  |                    |                          |                          |                        |                                |                     |                      |
| PULLMAN WA 99163  | 91-6054199         |                          | 5,014                    |                        | •                              |                     |                      |
| DELTA DELTA   |                    |                          |                          |                        |                                |                     |                      |
| Available upon request  |                    |                          |                          |                        |                                |                     |                      |
| AUBURN AL 36849   | 63-6050521         |                          | 24,549                   |                        |                                |                     |                      |
| ALPHA OMICRON PI FOUNDATION                                       |                    |                          |                          |                        |                                |                     |                      |
| 5390 VIRGINIA WAX   |                    |                          |                          |                        |                                |                     |                      |
| BRENTWOOD TN 37027  | 58-1343315         | m                        | 8,906                    |                        |                                |                     |                      |
| IOTA CORP   |                    |                          |                          |                        |                                |                     |                      |
| Available upon request  |                    | -                        |                          |                        |                                |                     |                      |
| URBANA IL 61801   | 37-6034025         |                          | 14,037                   |                        |                                |                     |                      |
| RHO OMICRON   |                    |                          |                          |                        |                                |                     |                      |
| 3066 MERIDIA DRIVE  |                    |                          |                          |                        | •                              |                     |                      |
| MURFREESBORO TN 37129   | 62-1235379         |                          | 10,963                   |                        |                                |                     |                      |

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Schedule I (Form 990) 2009

Page 2

23-7046541 INC. Schedule I (Form 990) 2009 ALPHA OMICRON PI FRATERNITY,

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of 85 500 Use Part IV and Schedule I-1 (Form 990) if additional space is needed 7,701 2,125 4,062 1,900 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance NU BETA-SCHOLARSHIP ALPHA DELTA CORP ALPHA LAMBDA ALPHA GAMMA ALPHA CHI ALPHA PSI Part III

# PART IV-ADDITIONAL INFORMATION

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

OTHER VARIOUS GRANTS AND ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS IN THE UNITED STATES CONSIST OF ASSISTANCE GIVEN BY SEVERAL COMBINED CHAPTERS AND CORPORATIONS FOR THE GROUP RETURN. NO ONE RECIPIENT RECEIVED MORE THAN \$5000 OTHER THAN THE AMOUNTS SPECIFICALLY LISTED IN PART II.

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SCHEDULE 1-1 (Form 990) Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

Schedule I (Form 990), Part II or Part III.

Attach to Form 990 to list additional information for

Open to Public Inspection 2009

**Employer identification number** 

OMB No 1545-0047

Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance 23-7046541 DONATION Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) non-cash assistance (g) Description of (c) IRC Code section (d) Amount of cash grant (e) Amount of non-cash (f) Method of valuation (book, FMV, appraisal, if applicable other) 8,374 6,010 11,818 43,416 7,391 ALPHA OMICRON PI FRATERNITY, 58-1343315 52-6070830 36-4641700 0000000-00 77-0665311 (p) EIN ł ١ I ١ 1 I ı ١ ١ GROUP RETURN 28607 37027 21620 37027 I 1 1 I (a) Name and address of organization ١ I | E ă OTHER VARIOUS ORGANIZATIONS 12 ١ ١ I ALPHA OMICRON PI FOUNDATION İ or government ١ ١ \_Available upon\_request\_ t ١ Available upon reguest ı 1 5390 VIRGINIA WAY 1 I ١ Name of the organization ı 1 1 ١ P.O. BOX 2758 ASU BOX 8959 FAYETTEVILLE ı ١ ١ ١ SIGMA GAMMA CHESTERTOWN XI OMICRON BRENTWOOD SIGMA TAU BRENTWOOD ١ 1 ١ ı 1 ł BOOME I

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| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|                                 |                          |                          |                                   |   |  |
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## **SCHEDULE O**

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

ALPHA OMICRON PI FRATERNITY, INC GROUP RETURN

Employer identification number 23-7046541

Form 990, Part III, Line 4d - All Other Achievements
Various

Form 990, Part VI, Line 6 - Classes of Members or Stockholders
THE ORGANIZATION HAS ONLY ONE CLASS OF MEMBERS WHO HAVE THE SAME RIGHTS.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

ALL MEMBERS OF EACH CHAPTER OR CORPORATION HAVE THE RIGHT TO VOTE IN THE

ELECTION OF THE GOVERNING BODY FOR THEIR SPECIFIC CHAPTER OR CORPORATION.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members ALL DECISIONS OF THE EXECUTIVE BOARD AND LOCAL COLLEGIATE CHAPTERS AND CORPORATIONS ARE SUBJECT TO THE APPROVAL OF ITS MEMBERS.

Form 990, Part VI, Line 10b - Policies and Procedures Governing Chapters Yes

FORM 990, THE ORGANIZATION'S DIRECTOR OF FINANCE FORWARDS A COPY OF THE FORM TO TWO MEMBERS OF THE EXECUTIVE BOARD OF THE GOVERNING BODY FOR THEIR REVIEW. BOARD MEMBERS ARE ENCOURAGED TO CONTACT THE DIRECTOR OF FINANCE WITH ANY QUESTIONS THEY MAY HAVE CONCERNING INFORMATION PRESENTED WITHIN THE FORM AND ATTACHED SCHEDULES. AFTER THEIR REVIEW ON BEHALF OF THE BOARD FORM 990 IS FILED AND PROVIDED TO THE REMAINING MEMBERS OF THE BOARD. THEY MAY HAVE CONCERNING INFORMATION PRESENTED WITHIN THE FORM AND ATTACHED SCHEDULES.

Name of the organization

ALPHA OMICRON PI FRATERNITY, INC.

Employer identification number 23-7046541

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

THE ORGANIZATION'S CONTROLLER REGULARLY REVIEWS TRANSACTIONS TO ENSURE THAT

AVAILABLE TO MEMBERS AND PUBLIC UPON REQUEST

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form 990, Part VII - Group Return Explanation

This is a group return which covers chapter & housing corporation of Alpha Omicron Pi Fraternity, Inc. Each chapter has individual officers, none of whom are compensated in any form. It would be impractical to list each officer and director for this return.

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| (Form 990)  | Related Organizations and Unrelated Partnerships   | Related Organizations and Unrelated Partnerships | Inrelated Partne                              | rships                     |  | 2009                           |
|---|--|--|---|----------------------------|--|--------------------------------|
| Department of the Treasury Internal Revenue Service | Attach to  | Attach to Form 990.                              | See separate instructions.                    | S. (5) (5) (5) (6) (7)     |  | Open to Public                 |
| Name of the organization                            | ALPHA OMICRON PI FRATERNITY, INC. GROUP RETURN   |  |   |                            | Employer identific<br>23-7046541                 | Employer identification number |
| Part I Identifi                                     | Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)  | organization answe                               | red "Yes" to Form                             | 990, Part IV, line 33      | 3.)  |                                |
|   | (a)<br>Name, address, and EIN of disregarded entity  | (b)<br>Primary activity                          | (c) Legal domicile (state or foreign country) | (d)<br>Total income        | (e)<br>End-of-year assets                        | (f) Direct controlling entity  |
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| Part II dentific                                    | Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)  | )<br>Complete if the orgaige the tax year.)      | Inization answered                            | "Yes" to Form 990,         | <br>  Part IV, line 34 be                        | cause it                       |
| Ns.   | (a)<br>Name, address, and EIN of related organization  | (b)<br>Prmary activity                           | (c) Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity  |
|   |  |  |   |                            |  | 6/ N                           |
|   |  |  |   |                            |  | o/a                            |
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Schedule R (Form 990) 2009

Page 2

23-7046541

ALPHA OMICRON PI FRATERNITY, INC.

(j) General or managing partner? Schedule R (Form 990) 2009 Yes No Percentage ownership Ξ amount in box 20 of Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Schedule K-1 Code V-UBI (Form 1065) end-of-year assets Share of <u>6</u> (h) Dispro-portionate Yes No alloc 2 (g) Share of end-of-year Share of total income (f) Share of total income (C corp, S corp, Type of entity or trust) (e)
Predominant
income (related,
unrelated,
excluded from
tax under Direct controlling sections 512-514) ਉ (d) Direct controlling Legal domicile foreign country) (state or (c) Legal domicile (state or country) foreign Pnmary activity Primary activity ê Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV Part III ð Page 3

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Yes

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ALPHA OMICRON PI FRATERNITY, INC. Schedule R (Form 990) 2009

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

23-7046541

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

- During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
  - a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
    - **b** Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
  - d Loans or loan guarantees to or for other organization(s)
    - e Loans or loan guarantees by other organization(s)
- Sale of assets to other organization(s)
- Purchase of assets from other organization(s)
- Exchange of assets
- I Lease of facilities, equipment, or other assets to other organization(s)
- Lease of facilities, equipment, or other assets from other organization(s)
- Performance of services or membership or fundraising solicitations for other organization(s)
  - l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets

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- n Sharing of paid employees
- Reimbursement paid to other organization for expenses 0
- Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds r Other transfer of cash or property from other organization(s)

|     | (a) Name of other organization   | (b) Transaction type (a-r) | (c)<br>Amount involved |
|-----|----------------------------------|----------------------------|------------------------|
| (1) | ALPHA OMICRON PI FRATERNITY, INC | u                          | 95,473                 |
| (2) | ALPHA OMICRON PI FRATERNITY, INC | 1                          | 147,864                |
| (3) | SIGMA ALPHA CORPORATION          | ט                          | 50,733                 |
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ALPHA DELTA CORPORATION

XI OMICRON CORPORATION

XI CORPORATION

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23-7046541 ALPHA OMICRON PI FRATERNITY, INC. Schedule R (Form 990) 2009 Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

managing General or partner Yes amount in box 20 of Schedule K-1 Code V-UBI (Form 1065) (f)
Disproportionate
allocations? ŝ Yes (e) Share of end-of-year assets (d) Are all partners section 501(c)(3) organizations? Yes No or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships (c) Legal domicile (state or foreign country) (b)
Primary activity Name, address, and EIN of entity

Schedule R (Form 990) 2009

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| R-1  | Continuation Sheet for Schedule R (Form 990)   | chedule R (Forn   | (066 u                |   | OMB No 1545-0047              |
|--|--|---|-----------------------|---|-------------------------------|
| (Form 990)  Department of the Treasury Internal Revenue Service                        | ► Attach to Form 990 to list additional information for Schedule R<br>(Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.<br>► See instructions for Schedule R (Form 990). | nal information for Sche<br>art IV; Part V, line 2; or P<br>:hedule R (Form 990). | dule R<br>art VI.     |   | 2009<br>Open to Public        |
| Name of filing organization ALPHA OMICRON PI FRATERNITY GROUP RETURN                   |  |   | Employer iden 23-7046 | Employer identification number 23-7046541 |                               |
| _  | iities   |   |                       |   |                               |
| (a) Name, address, and EIN of disregarded entity                                       | (b)<br>Primary activity  | (c) Legal domicile (state or foreign country)                                     | (d)<br>Total income   | (e)<br>End-of-year assets                 | (f) Direct controlling entity |
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| For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. | r Form 990.  |   |                       | Schedul                                   | Schedule R-1 (Form 990) 2009  |

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| Schedule R-1 (Form 990) 2009 ALPHA OMICRON PI FRATERNITY                   | INC.                    | 23-7046541                                    |                            |  | Page 2                        |
|--|-------------------------|---|----------------------------|--|-------------------------------|
| Part II Continuation of Identification of Related Tax-Exempt Organizations | Organizations           |   |                            |  |                               |
| (a) Name, address, and EIN of related organization                         | (b)<br>Primary activity | (c) Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity |
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| DAA  |                         |   |                            | Schedule   | Schedule R-1 (Form 990) 2009  |

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| Schedule R-1 (Form 990) 2009 ALPHA OMICRON PI FRATERNI                      | PI FRAT              | ERNITY,                              | Y, INC.                       | 23-7046541  | 5541                     |                                       |                                  |  | Page 3                           |
|---|----------------------|--------------------------------------|-------------------------------|---|--------------------------|---------------------------------------|----------------------------------|--|----------------------------------|
| Part III Continuation of Identification of Related Organizations Taxable as | elated Organ         | izations                             | Taxable as a                  | a Partnership   |                          |                                       |                                  |  |                                  |
| (a)<br>Name, address, and EIN of<br>related organization                    | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under | (f) Share of total moome | (g)<br>Share of end-of-year<br>assets | (h) Disproportonate allocations? | (I) Code V—UBI amount on box 20 of K-1 | (J) General or managing partner? |
|   |                      | (fallow                              |                               | sections<br>512-514)  |                          |                                       | Yes No                           |  | Yes No                           |
|   |                      |                                      |                               |   |                          |                                       | -                                |  |                                  |
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| DAA   |                      |                                      |                               |   | :                        |                                       | ŭ                                | Schedule R-1 (Form 990) 2009           | 90) 2009                         |

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| MICRON PI FRATERNITY, INC. 23-7046541 | Continuation of Identification of Related Organizations Taxable as a Corporation or Trust | (b) (c) (d) (e) (f) (g) (f) (g) (h)  Frimary activity Legal domicile Direct controlling Type of entity (C corp., S corp. entity (C corp., S corp. foreign counity)  Or trust)  (a) (b) (f) (g) (h)  Share of total income end-of-year ownership assets |  |  |  |  |  |
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| ITY,                                  | Part IV: Continuation of Identification of Related Organizations Taxable                  | Ē  |  |  |  |  |  |

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| Timeselon   Timeselon   Among  | chedule R-1 | Schedule R-1 (Form 990) 2009 ALPHA OMICRON PI FRATERNITY, INC. 23-7046541  Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2) | 3                                | 3                  | Page 5 |
|--|-------------|---|----------------------------------|--------------------|--------|
| TA CORPORATION  TA CORPORATION  TA SIGMA CORPORATION  TO A SIGMA CORPORATION  TO A UPSILON CORPORATION  TO A UPSILON CORPORATION  TO A UPSILON CORPORATION  TO A UPSILON CORPORATION  TO A UPSILON CORPORATION  TO A UPSILON  TO A |             | (a) Name of other organization  | (b)<br>Transaction<br>type (a–t) | (C) Amount involve | 8      |
| TA CORPORATION  TA SIGMA CORPORATION  THE OMEGA CORPORATION  THE OMICRON PI FRATERNITY, INC  THE OMICRON PI FRATERNITY, INC  THE OMICRON PI FRATERNITY, INC  THE OMICRON PI FRATERNITY INC  THE OMICRO PI FRATERNITY INC  T |             |   | ·T                               | 433                | - 7    |
| PPA OMEGA CORPORATION  CORPORATION  CORPORATION  CORPORATION  CORPORATION  CORPORATION  I  OMICRON CORPORATION  PHA OMICRON PI FRATERNITY, INC  D  THA OMICRON PI FRATERNITY, INC  THA OMICRON PI FRATERNITY, INC  |             | IOTA CORPORATION  | ŗį                               | 175                | ,428   |
| i DELTA CORPORATION  CORPORATION  CORPORATION  COMICRON CORPORATION  i OMICRON PI FRATERNITY, INC  DHA OMICRON PI FRATERNITY, INC  CORPORATION  DHA OMICRON PI FRATERNITY, INC  CORPORATION |             | IOTA SIGMA CORPORATION  | ·H                               | 81                 | 000    |
| DELTA CORPORATION  DELTA CORPORATION  CORPORATION  OMICRON CORPORATION  HA OMICRON PI FRATERNITY, INC  D  D  D  D  D  D  D  D  D  D  D  D  D   | (10)        | KAPPA OMEGA CORPORATION   | · <b>н</b>                       | 127                | ,800   |
| CORPORATION  CORPORATION  OMICRON CORPORATION  HA OMICRON PI FRATERNITY, INC  D  D  HA OMICRON PI FRATERNITY, INC  | (11)        | OMEGA UPSILON CORPORATION   | • न                              | 153                | ,132   |
| OMICRON CORPORATION  OMICRON PI FRATERNITY, INC  b  OMICRON PI FRATERNITY, INC   | (12)        | PI DELTA CORPORATION  | •न                               | 103                | ,320   |
| OMICRON CORPORATION  HA OMICRON PI FRATERNITY, INC  b  comparing the properties of t | (13)        | XI CORPORATION  | ·rl                              | 171                | 966′   |
| FRATERNITY, INC b  | (14)        | XI OMICRON CORPORATION  | ·rl                              | 267                | ,360   |
|  | (15)        | FRATERNITY,   | q                                | 70                 | ,829   |
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| Schedule R-1 (Form 990) 2009 ALPHA OMICRON PI FRAT         | FRATERNITY, IN       | INC. 23-                                  | 23-7046541                         |                             |                               |  | Page <b>6</b>                      |
|--|----------------------|---|------------------------------------|-----------------------------|-------------------------------|--|------------------------------------|
| Part VI Continuation of Unrelated Organizations Taxable as | ble as a Partnership | rship                                     |                                    |                             |                               |  |                                    |
| (e)  | (q)                  | (0)                                       | (p)                                | (e)                         | (£)                           | ( <b>6</b> )                             | €                                  |
| Name, address, and EIN of entity                           | Primary activity     | Legal domicale (state or foreign country) | Are all partners section 501(c)(3) | Share of end-of-year assets | Disproportionate allocations? | Code V—UBI<br>amount on box<br>20 of K-1 | General or<br>managing<br>partner? |
|  |                      |   | Yes No                             |                             | Yes No                        |  | Yes No                             |
|  |                      |   |                                    |                             | <b>├</b> ─                    |  |                                    |
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|  |                      |   |                                    |                             |                               |  |                                    |
|  |                      |   |                                    |                             |                               |  |                                    |
|  |                      |   |                                    |                             |                               | Schedule R-1                             | Schedule R-1 (Form 990) 2009       |
| DAY  |                      |   |                                    |                             |                               |  |                                    |

(10)

Totals

| 1               |  |                                       |                              |  |  |
|-----------------|--|---------------------------------------|------------------------------|--|--|
| Form <b>990</b> | Receiva                                | bles Due from                         | Other Disqualified Pers      | ons  | 2000                                   |
| Form 33U        | For calendar year 2009, c              | ır tax vear beginning                 | 07/01/09 , and ending        | 06/30/10   | 2009                                   |
| Name            |  |                                       | o , y o _ y o o , and onanig |  | ntification Number                     |
|                 | PI FRATERNITY                          | , INC.                                |                              | 22 704   | CE 41                                  |
| GROUP RETURN    | <del></del>                            |                                       |                              | 23-704   | 0341                                   |
| Form 990, Par   | t X, Line 6 -                          | Additional                            | Information                  |  |  |
|                 |  |                                       |                              |  |  |
| 1) MARY GANNON  | Name of borrower GUNN                  |                                       |                              | Title  |  |
| 2)              |  |                                       |                              |  | ·                                      |
| 3)              |  |                                       |                              |  |  |
| 4)              |  |                                       |                              |  |  |
| 5)<br>6)        |  |                                       |                              | <del>-</del>                                     | ···· ·                                 |
| 7)              |  |                                       |                              |  |  |
| 8)              |  |                                       |                              |  |  |
| 9)              |  |                                       |                              |  |  |
| 10)             |  |                                       |                              | ······································           | ·····                                  |
| Onginal amount  |  | N.4                                   | <u>T</u>                     |  | 1-1                                    |
| borrowed        | Date of loan                           | Maturity<br>date                      | Repayment terms              |  | Interest<br>rate                       |
| 1)              |  |                                       |                              |  |  |
| 2)              |  |                                       |                              | <del>_</del>                                     |  |
| 3)<br>4)        |  |                                       |                              |  |  |
| 5)              |  |                                       |                              |  |  |
| 6)              |  |                                       |                              |  |  |
| 7)              |  |                                       |                              |  |  |
| 8)              |  |                                       |                              |  |  |
| 9)              |  |                                       |                              | -  |  |
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|                 | ······································ |                                       |                              |  | ······································ |
|                 | ty provided by borrower                |                                       | Purpo                        | ose of loan                                      |  |
| 1)              | -                                      |                                       |                              |  | <del></del> .                          |
| <u>2)</u><br>3) |  |                                       |                              |  |  |
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| (7)<br>(8)      |  |                                       |                              |  |  |
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| 10)             | 1.22                                   | · · · · · · · · · · · · · · · · · · · |                              |  |  |
|                 | `                                      | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |                              |  |  |
| 0               |  |                                       | Balance due at               |  | nce due at                             |
| Consideral      | tion furnished by lender               |                                       | beginning of year 5,000      | en   | d of year                              |
| (2)             |  |                                       | 3,000                        |  |  |
| (3)             |  |                                       |                              |  |  |
| 4)              |  |                                       |                              |  |  |
| (5)             | · · · · · · · · · · · · · · · · · · ·  |                                       |                              |  |  |
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| 9)              | <del></del>                            |                                       | <del></del>                  | <del>                                     </del> | ·.                                     |

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Totals

| ,   | Mortgogge                                 | d Other Notes Develo             |                                       |
|---|---|----------------------------------|---------------------------------------|
| 990 / 990-PF                                  | wortgages an                              | d Other Notes Payable            | 2009                                  |
|   | For calendar year 2009, or tax year begin | ning 07/01/09 , and ending       | 06/30/10                              |
| Name<br>ALPHA OMICRON                         | PI FRATERNITY, INC.                       |                                  | Employer Identification Number        |
| GROUP RETURN                                  | LI ENGLERALLI, INC.                       |                                  | 23-7046541                            |
| Form 990, Par                                 | t X, Line 23 - Addition                   | onal Information                 |                                       |
|   | -   |                                  |                                       |
| (1)   | Name of lender                            | Relationship t                   | o disqualified person                 |
| (2)   | · · · · · · · · · · · · · · · · · · ·     |                                  |                                       |
| (3)   |   |                                  |                                       |
| (4)   |   |                                  |                                       |
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| 7)  |   |                                  |                                       |
| (8)<br>(9)                                    |   |                                  | -                                     |
| (10)  |   |                                  |                                       |
|   |   |                                  |                                       |
| Original amount                               | Maturity deta                             |                                  | Interest                              |
| borrowed (1)                                  | Date of loan date                         | Repayment term                   | ns rate                               |
| (2)   |   |                                  |                                       |
| (3)   |   |                                  |                                       |
| (4)   |   |                                  |                                       |
| (5)   |   |                                  |                                       |
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| (9)<br>(10)                                   |   |                                  |                                       |
|   |   |                                  |                                       |
|   |   |                                  |                                       |
|   | ecurity provided by borrower              | Purpo                            | ose of loan                           |
| (1)   |   |                                  |                                       |
| (2)   |   | ·                                |                                       |
| (3)   |   |                                  |                                       |
| (5)   |   |                                  |                                       |
| (4)<br>(5)<br>(6)                             |   |                                  |                                       |
| (7)   |   |                                  |                                       |
| (8)   |   |                                  |                                       |
| (9)   |   | 7.1.                             |                                       |
| (10)  |   |                                  |                                       |
|   |   |                                  | <u> </u>                              |
| Consider                                      | ration furnished by lender                | Balance due at beginning of year | Balance due at end of year            |
| (1)   |   | beginning of year 12,853,010     | end of year<br>10,199,507             |
| (2)   |   |                                  |                                       |
| (2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8) |   |                                  |                                       |
| (4)   |   |                                  |                                       |
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# 4444333333 ALPHA OMICRON PI FRATERNITY, INC. איז-זחמה ALPHA OMICRON PI FRATERNITY, INC. איז-זחמה איז Attala

23-7046541 FYE: 6/30/2010

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| Business Name                     | Address         | E          |
|-----------------------------------|-----------------|------------|
| ALPHA CHI CHAPTER                 | 390 Virginia Wa | 1-603749   |
| ALPHA CHI CHAPTER                 | 390 Virginia Wa | 1 - 603749 |
| ALPHA CHI CORPORATION             | 390 Virginia Wa | 1-098037   |
| ALPHA DELTA CHAPTER               | 390 Virginia Wa | 3-713919   |
| ALPHA DELTA CORPORATION           | 390 Virginia Wa | 3-051891   |
| ALPHA GAMMA CHAPTER               | 390 Virginia Wa | 1-605419   |
| ALPHA GAMMA CORPORATION           | 390 Virginia Wa | 1-603516   |
| ALPHA LAMBDA CHAPTER              | 390 Virginıa Wa | 8-175956   |
| ALPHA LAMBDA CORPORATION          | 390 Virginia Wa | 8-181317   |
| ALPHA OMICRON PI PROPERTIES, INC. | 390 Virginia Wa | 1 - 042623 |
| ALPHA PHI CHAPTER                 | 390 Virginia Wa | 1-010537   |
| ALPHA PHI CORPORATION             | 390 Virginia Wa | 1-601430   |
| ALPHA PSI CHAPTER                 | 390 Virginia Wa | 1-212535   |
| ALPHA PSI CORPORATION             | 390 Virginia Wa | 4-161273   |
| ALPHA THETA CHAPTER               | 390 Virginia Wa | 3-708667   |
| ALPHA THETA CORPORATION           | 390 Virginia Wa | 2-105193   |
| BETA GAMMA CHAPTER                | 390 Virginia Wa | 8-288780   |
| ~                                 | 390 Virginia Wa | 8-283011   |
| BETA PHI CHAPTER                  | 390 Virginia Wa | 5-086757   |
| BETA PHI CORPORATION              | 390 Virginia Wa | 5-600753   |
| ZETA                              | 390 Virginia Wa | 5-238388   |
| ⋖                                 | 390 Virginia Wa | 6-062319   |
|                                   | 390 Virginia Wa | 1-137601   |
| EPSILON                           | 390 Virginia Wa | 1-136391   |
| CHI LAMBDA CHAPTER                | 390 Virginia Wa | 3-702567   |
| LAMB                              | 390 Virginia Wa | 5-604229   |
| PHI                               | 390 Virginia Wa | 8-062149   |
|                                   | 390 Vırginıa Wa | 3-060354   |
|                                   | 390 Virginia Wa | 7-009580   |
| CHI PSI CORPORATION               | 390 Virginia Wa | 7-014994   |
| CHI THETA CHAPTER                 | 390 Virginia Wa | 3-151755   |
| CHI THETA CORPORATION             |                 | 73-1529301 |
| DELTA BETA CHAPTER                | 390 Virginia Wa | 2-602767   |
| DELTA BETA CORPORATION            | 390 Virginia Wa | 3-744681   |
| DELTA CHAPTER                     | 390 Virginia Wa | 4-290870   |
| DELTA CORPORATION                 | 390 Virginia Wa | 4-299809   |
| DELTA DELTA CHAPTER               | 390 Virginia Wa | 3-605052   |
| DELTA DELTA CORPORATION           | 390 Virginia Wa | 3-077206   |
|                                   |                 |            |

# 4444333333 ALPHA OMICRON PI FRATERNITY, INC. 72.7046541

23-7046541 FYE: 6/30/2010

| Business Name             | Address         | Z          |
|---------------------------|-----------------|------------|
| THE POSTION CHAPTER       | 390 Virginia W  | 3-101109   |
| A FPSTION                 | 390 Virdinia Wa | 3-102348   |
| KAPPA CHAPTER             | irgi            | 30-0534200 |
| DELTA KAPPA CORPORATION   | 390 Vırginıa Wa | 0-055347   |
| DELTA LAMBDA CHAPTER      | 390 Virginia Wa | 5-231264   |
| DELTA LAMBDA CORPORATION  | 390 Virginia Wa | 5-231263   |
| DELTA OMEGA CHAPTER       | 390 Virginia Wa | 1-603466   |
| DELTA OMEGA CORPORATION   | 390 Virginia Wa | 1-084722   |
| PI                        | 390 Virginia Wa | 3-605156   |
| PI C                      | 390 Virginıa Wa | 3-711688   |
| DELTA PSI CHAPTER         | 390 Virginia Wa | 1-192372   |
| DELTA PSI CORPORATION     | 390 Virginia Wa | 6-466294   |
| DELTA RHO CHAPTER         | 390 Virginia Wa | 6-408069   |
|                           | 390 Virginia Wa | 8-380674   |
|                           | 390 Virginia Wa | 7-028911   |
| DELTA SIGMA CORPORATION   | 390 Virginia Wa | 7-016793   |
| 4                         | 390 Virginia Wa | 5-204158   |
| THETA CO                  | 390 Virginia Wa | 5-197365   |
| DELTA UPSILON CHAPTER     | 390 Virginia Wa | 8-138077   |
| UPS                       | 390 Virginia Wa | 8-143119   |
| XI                        | 390 Virginıa Wa | 5-227157   |
| CORPO                     | 390 Virginıa Wa | 6-460370   |
| ALPHA                     | 390 Virginıa Wa | 3-211021   |
| EPSILON ALPHA CORPORATION | 390 Virginia Wa | 3-711530   |
|                           | 390 Virginia Wa | 2-300254   |
| CHI                       | 390 Virginia Wa | 6-153646   |
| _                         | 390 Virginia Wa | 6-156071   |
| CORPOR                    | 390 Virginia Wa | 6-141617   |
| EPSILON GAMMA CHAPTER     | 390 Virginia Wa | 4-153575   |
| SILON GAMMA               | 390 Virginia Wa | 4-153575   |
| EPSILON OMEGA CHAPTER     | 390 Virginia Wa | 1 - 120241 |
| EPSILON OMEGA CORPORATION | 390 Virginia Wa | 1-111783   |
|                           | 390 Virginıa Wa | 7-138368   |
| ON SIGM                   | 390 Virginia Wa | 7-139053   |
| ALPHA                     | 390 Virginia Wa | 4-117492   |
| GAMMA ALPHA CORPORATION   | 390 Virginia Wa | 6-124488   |
| GAMMA CHAPTER             | 390 Virginia Wa | 1 - 601903 |

# 4444333333 ALPHA OMICRON PI FRATERNITY, INC. Federal Statements

FYE: 6/30/2010

Statement 1 - Form 990, Page 1, Line H(b) - Affiliated Group Return Information (continued)

| Business Name           | Address           | EIN        |
|-------------------------|-------------------|------------|
| GAMMA CORPORATION       | 390 Virginia Wa   | 1-034598   |
| GAMMA DELTA CHAPTER     | 390 Virginıa Wa   | 3-702677   |
| DELTA CC                | 5390 Virginia Way | 63-1052001 |
| GAMMA OMICRON CHAPTER   | 390 Virginıa Wa   | 9-065112   |
|                         | 390 Vırginia Wa   | 9-616919   |
| GAMMA SIGMA CHAPTER     | 390 Virginıa Wa   | 8-604361   |
| GAMMA SIGMA CORPORATION | 390 Virginia Wa   | 3-738469   |
| GAMMA THETA CHAPTER     | 390 Virginia Wa   | 5-033481   |
| GAMMA THETA CORPORATION | 390 Virginia Wa   | 5-017602   |
| IOTA CHAPTER            | 390 Virginia Wa   | 7-067056   |
| IOTA CORPORATION        | 390 Virginia Wa   | 7-603402   |
|                         | 390 Virginia Wa   | 2-094700   |
| വ                       | 390 Virginıa Wa   | 3-713753   |
| KAPPA ALPHA CHAPTER     | 390 Virginia Wa   | 5-606524   |
| ALPH                    | 390 Virginia Wa   | 5-602257   |
|                         | 390 Virginia Wa   | 2-133709   |
| KAPPA CHI CORPORATION   | 390 Virginia Wa   | 4-362143   |
| GAMMA                   | 390 Vırginia Wa   | 9-614406   |
| GAMMA                   | 390 Virginia Wa   | 5-035092   |
| KAPPA KAPPA CHAPTER     | 390 Virginia Wa   | 5-604157   |
| KAPPA KAPPA CORPORATION | 390 Virginıa Wa   | 5-603710   |
| OMEGA                   | 390 Virginia Wa   | 4-119958   |
| OMEGA CC                | 390 Virginia Wa   | 1-104016   |
| OMICRON                 | 390 Virginia Wa   | 2-604731   |
| OMIC                    | 390 Vırginia Wa   | 2-604663   |
| RHO                     | 390 Virginıa Wa   | 8-265993   |
| RHO CO                  | 390 Virginıa Wa   | 8-270314   |
| SIGMA                   | 390 Virginia Wa   | 9-171142   |
| SIGM                    | 390 Virginia Wa   | 2-183087   |
| KAPPA TAU CHAPTER       | 390 Virginia Wa   | 2-602772   |
| TAU COR                 | 390 Virginia Wa   | 3-716496   |
|                         | 390 Virginia Wa   | 8-375287   |
|                         | 390 Virginia Wa   | 3-047452   |
| LAMBDA BETA CHAPTER     | 390 Virginia Wa   | 5-239713   |
| BETA                    | 390 Virginıa Wa   | 6-047412   |
| CHI                     | 390 Virginia Wa   | 3-736081   |
| LAMBDA CHI CORPORATION  | 390 Virginia Wa   | 8-175032   |

# 4444333333 ALPHA OMICRON PI FRATERNITY, INC. 23-7046541 FYE: 6/30/2010

| Business Name              | Address           | EN         |
|----------------------------|-------------------|------------|
| LAMBDA ETA CHAPTER         | 390 Virginia Wa   | 8-279851   |
| ETA                        | 5390 Virginia Way | 38-2912240 |
| LAMBDA IOTA CORPORATION    | 390 Virginıa Wa   | 5-326364   |
| LAMBDA OMICRON CHAPTER     | 390 Virginıa Wa   | 2-179935   |
| 0                          | 390 Virginia Wa   | 2-181790   |
| LAMBDA SIGMA CHAPTER       | 390 Virginia Wa   | 8-058582   |
| LAMBDA SIGMA CORPORATION   | 390 Virginia Wa   | 8-159817   |
| LAMBDA TAU CHAPTER         | 390 Vırgınia Wa   | 2-602246   |
| LAMBDA TAU CORPORATION     | 390 Virginia Wa   | 3-736805   |
| LAMBDA UPSILON CHAPTER     | 390 Virginia Wa   | 3-230103   |
| LAMBDA UPSILON CORPORATION | 390 Virginia Wa   | 1 - 192372 |
| MU LAMBDA CHAPTER          | 390 Virginia Wa   | 3-041689   |
| MU LAMBDA CORPORATION      | 390 Virginia Wa   | 4-363187   |
| NU BETA CHAPTER            | 390 Virginia Wa   | 4 - 041363 |
| NU BETA CORPORATION        | 390 Virginia Wa   | 4-082004   |
| NU OMICRON CHAPTER         | 390 Virginia Wa   | 2 - 099841 |
| NU OMICRON CORPORATION     | 390 Virginıa Wa   | 2-011285   |
| OMEGA CHAPTER              | 390 Virginia Wa   | 1-605064   |
| OMEGA CORPORATION          | 390 Virginia Wa   | 1 - 036059 |
| OMEGA OMICRON CHAPTER      | 390 Virginia Wa   | 2-604677   |
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| OMEGA UPSILON CHAPTER      | 390 Virginia Wa   | 1-122700   |
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| OMICRON CHAPTER            | 390 Virginia Wa   | 2-605167   |
| OMICRON CORPORATION        | 390 Virginia Wa   | 2-604415   |
| PHI BETA CHAPTER           | 390 Virginia Wa   | 3-706259   |
| Н                          | 390 Virginia Wa   | 3-735648   |
| Н                          | 390 Virginıa Wa   | 6 - 337789 |
| PHI CHI CORPORATION        | 390 Virginia Wa   | 6 - 345958 |
| PHI DELTA CORPORATION      | 390 Virginia Wa   | 9-153291   |
| PHI SIGMA CHAPTER          | 390 Virginia Wa   | 3 - 708667 |
| PHI SIGMA CORPORATION      | 390 Virginia Wa   | 1 - 021135 |
| PHI UPSILON CORPORATION    | 390 Virginia Wa   | 5-606524   |
|                            | 390 Virginia Wa   | 1 - 103853 |
| ALPHA                      | 390 Virginia Wa   | 1 - 192372 |
| DELTA                      | 390 Virginia Wa   | 2-085641   |
| PI DELTA CORPORATION       | 390 Virginia Wa   | 2-059797   |

# 4444333333 ALPHA OMICRON PI FRATERNITY, INC. Federal Statements

23-7046541 FYE: 6/30/2010

Statement 1 - Form 990, Page 1, Line H(b) - Affiliated Group Return Information (continued)

| PET THETER CAPATER         \$3990 Virginia May         \$9-368651           RED BETT CAPATER         \$3900 Virginia May         \$9-368651           RED BETT CAPATER         \$990 Virginia May         \$9-36861           RED BETT CAPATER         \$990 Virginia May         \$9-36861           RED DELTA CORPORATION         \$990 Virginia May         \$9-3611           RED OBLIA CORPORATION         \$990 Virginia May         \$9-114542           RED OBLIA CORPORATION         \$990 Virginia May         \$9-114543           RED OBLICRON CHAPTER         \$990 Virginia May         \$9-114543           SIGMA ALPHA CHAPTER         \$990 Virginia May         \$9-101862           SIGMA BETTA CORPORATION         \$990 Virginia May         \$9-101862           SIGMA BETTA CORPORATION         \$990 Virginia May         \$9-101862           SIGMA CHAPTER         \$990 Virginia May         \$9-105682           SIGMA CHAPTER         \$990 Virginia May         \$9-105682           SIGMA CHAPTER         \$990 Virginia May         \$9-105682           SIGMA CHAPTER         \$990 Virginia May </th <th>Business Name</th> <th>Address</th> <th>EIN</th>  | Business Name  | Address         | EIN        |
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| CCREPRATION CCREPTATION CCREPT | ď              | 390 Virginia Wa | 9-368865   |
| ### Sago Virginia Way 32-23116   | Ξ.             | 390 Virginia Wa | 8-261424   |
| TEAT CREPER         5390 Virginia Way         33-13116           SETA CREPERATION         5390 Virginia Way         63-116473           SETA CREPORATION         5390 Virginia Way         63-116473           MICRON CREPERATION         5390 Virginia Way         62-12354           ALPHA CAPTER         5390 Virginia Way         62-121354           ALPHA CORPORATION         5390 Virginia Way         55-065867           ALPHA CORPORATION         5390 Virginia Way         55-067826           BETA CORPORATION         5390 Virginia Way         57-24546           BETA CORPORATION         5390 Virginia Way         57-24546           CHI CHAPTER         5390 Virginia Way         57-206728           CANDA CAPTER         5390 Virginia Way         57-206728           CAMMA CHAPTER         5390 Virginia Way         57-00682           CAMMA CHAPTER         5390 Virginia Way         57-00682           CAMMA CHAPTER         5390 Virginia Way         57-06062           CANDA CORPORATION         5390 Virginia Way         57-06067           CANDA CORPORATION         5390 Virginia Way         57-06067           TAU CORPORATION         5390 Virginia Way         57-00703           TAU CORPORATION         5390 Virginia Way         57-00703  |                | 390 Virginia Wa | 2 - 021145 |
| STATE   CREPGRATION   Sano Virginia Way   Sano Sano Sano Sano Sano Sano Sano Sano  |                | 390 Vırginia Wa | 5-231116   |
| STATE CORPORATION   STAT   | ~              | 390 Virginia Wa | 3-114542   |
| ALTCRON CHAPTER   5390 Virginia Way   62-123537   ALPHA CHAPTER   5390 Virginia Way   62-1213537   ALPHA CHAPTER   5390 Virginia Way   65-065867   5   |                | 390 Virginia Wa | 3-115473   |
| ALPRON CORPORATION   |                | 390 Vırginia Wa | 2 - 123537 |
| ALPHA CCRAPTER         55-065667           ALPHA CCRAPTER         5390 Virginia Way         55-065667           ALPHA CCRAPTER         5390 Virginia Way         52-04048           BETA CARPTER         5390 Virginia Way         51-05719           CHAPTER         5390 Virginia Way         51-057208           CHI CHAPTER         5390 Virginia Way         16-605220           DELTA CHAPTER         5390 Virginia Way         16-605220           DELTA CHAPTER         5390 Virginia Way         63-08850           GAMMA CORPORATION         5390 Virginia Way         63-08850           OMICRON CHAPTER         5390 Virginia Way         36-40170           OMICRON CARPATION         5390 Virginia Way         36-40170           PHI CAPTER         5390 Virginia Way         52-60637           ROWICKON CARPATION         5390 Virginia Way         52-60637           PHI CORPORATION         5390 Virginia Way         52-60637           TAU CAPPER         5390 Virginia Way         52-6078           TAU CAPPER         5390 Virginia Way         52-6078           TAU CAPPER         5390 Virginia Way         52-6078           AMBA CORPORATION         5390 Virginia Way         52-6078           AMBA CAPPER         5390 Virginia Way   | MICRON         | 390 Virginia Wa | 2-121338   |
| ALPER CORPORATION   5390 Virginia May   55-057582   55-0578246   5890 Virginia May   55-0574346   5890 Virginia May   51-057208   5890 Virginia May   51-057208   5890 Virginia May   51-057208   5890 Virginia May   51-057208   5890 Virginia May   51-057208   5890 Virginia May   51-057208   5890 Virginia May   51-057208   5890 Virginia May   58-06022   5800 Virginia May   58-06022   5800 Virginia May   58-06022   5800 Virginia May   58-06022   5800 Virginia May   58-06022   5800 Virginia May   58-0602   5800 Virginia May   58-0602   5800 Virginia May   58-0602   5800 Virginia May   58-0602   5800 Virginia May   58-0602   5800 Virginia May   58-0602   5800 Virginia May   58-0602   5800 Virginia May   58-0602   5800 Virginia May   58-0602   | ALPHA          | 390 Virginia Wa | 5-065867   |
| BETA CHAPTER         5390 Vicginia Way         53-24546           BETA CCAPPER         5390 Vicginia Way         53-24546           CHAPTER         5390 Vicginia Way         51-05710           CHI CAPPORATION         5390 Vicginia Way         15-05720           CHI CORPORATION         5390 Vicginia Way         63-06928           DELTA CAPPER         5390 Vicginia Way         63-06928           CAMMA CARPORATION         5390 Vicginia Way         63-0890           CAMMA CARPORATION         5390 Vicginia Way         36-04617           OMICRON CORPORATION         5390 Vicginia Way         71-606573           OMICRON CORPORATION         5390 Vicginia Way         95-246103           RHO CHAPTER         5390 Vicginia Way         53-40103           RHO CORPORATION         5390 Vicginia Way         53-40103           TAU CHAPTER         5390 Vicginia Way         53-6013           TAU CHAPTER         5390 Vicginia Way         53-6013           TAU CAPPER         5390 Vicginia Way         53-106106           AAPTER         5390 Vicginia Way         53-106106           AAMMA CARPERATION         5390 Vicginia Way         53-106106           AMBDA CORPORATION         5390 Vicginia Way         53-106106           AMBDA CORPORA  | ALPHA          | 390 Virginia Wa | 5-067582   |
| DELTA CORPORATION   5390 Virginia Way   51-057719   51-057719   520 Virginia Way   5390 Virginia Way   64-110287   64-110287   64-110287   64-110287   64-110287   64-110287   64-110287   64-110287   64-110287   64-110287   64-110287   64-110287   64-110287   64-110287   64-110287   64-110288   64-110288   64-110288   64-110288   64-110288   64-110288   64-110288   64-110288   64-110288   64-110288   64-110288   64-110288   64-110288   64-110288   64-11028   64-110288    | BETA           | 390 Virginia Wa | 2-245446   |
| CHAPTER CHAPTER CHAPTER CHI CHAPTER CHI CHAPTER CHI CHAPTER S190 Virginia Way S190 Virginia Way S190 Virginia Way DELTA CRAPTER S190 Virginia Way S190 Virginia Way S190 Virginia Way S190 Virginia Way S190 Virginia Way S190 Virginia Way S190 Virginia Way S190 Virginia Way S190 Virginia Way S190 Virginia Way S190 Virginia Way S190 Virginia Way DHI CHAPTER S190 Virginia Way S190 Virginia Way S190 Virginia Way S190 Virginia Way S190 Virginia Way S190 Virginia Way S190 Virginia Way S190 Virginia Way S190 Virginia Way S190 Virginia Way S190 Virginia Way S190 Virginia Way S20-106708 S10-106708 | BETA           | 390 Virginia Wa | 1 - 057719 |
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| CHI CORPORATION         5390 Virginia Way         16-605220           DELTA CHAPTER         5390 Virginia Way         63-068280           DELTA CHAPTER         5390 Virginia Way         63-06820           CAMMA CHAPTER         5390 Virginia Way         36-464170           GAMMA CRAPTER         5390 Virginia Way         71-605735           OMICRON CRAPTER         5390 Virginia Way         71-6065735           PHI CHAPTER         5390 Virginia Way         71-6065735           PHI CAPPER         5390 Virginia Way         55-246103           RHO CARPERATION         5390 Virginia Way         23-740411           RHO CARPERATION         5390 Virginia Way         52-607083           TAU CRAPTER         5390 Virginia Way         52-607083           TAN CARPER         5390 Virginia Way         52-106106           SADA CHAPTER         5390 Virginia Way         52-106106           SADA CHAPTER         5390 Virginia Way         53-10401           SADA CHAPTER         5390 Virginia Way         53-10400           SADA CHAPTER         5390 Virginia Way         53-10400           SADA CARPER         5390 Virginia Way         53-10400           AMBDA CARPER         5390 Virginia Way         5390 Virginia Way           MEGA CARPER  | CHI            | 390 Virginia Wa | 5-057208   |
| DELTA CHAPTER   5390 Virginia Way   63-06928   63-069   | CHI            | 390 Virginıa Wa | 6-605220   |
| DELTA CORPORATION         5390 Virginia Way         63-088506           GAMMA CHAPTER         5390 Virginia Way         36-464170           OMICRON CHAPTER         5390 Virginia Way         71-605735           OMICRON CHAPTER         5390 Virginia Way         71-605735           PHI CHAPTER         71-605735         71-60657           PHI CHAPTER         71-60657         71-60657           PHI CHAPTER         71-60670         71-60657           PHI CHAPTER         7390 Virginia Way         73-700411           RHO CORPORATION         5390 Virginia Way         72-106708           TAU CHAPTER         5390 Virginia Way         52-60708           ARATER         5390 Virginia Way         52-60708           51TA CHAPTER         5390 Virginia Way         63-604560           51TA CHAPTER         5390 Virginia Way         53-150200           5390 Virginia Way         53-106706         53-106706           5390 Virginia Way         53-106706         53-106706           5390 Virginia Way         53-106706         53-106706           61-115200         53-106706         53-106706         53-106706           61-115200         53-106706         53-106706         61-110873           61-115200         53   | DELTA          | 390 Virginia Wa | 3-069828   |
| GAMMA CHAPTER         GAMMA CHAPTER         36-464170           GAMMA CHAPTER         5390 Virginia Way         36-464170           GANMA CORPORATION         5390 Virginia Way         71-60657           OMICRON CARPORATION         5390 Virginia Way         71-606657           PHI CHAPTER         5390 Virginia Way         95-246103           PHI CARPORATION         5390 Virginia Way         23-74254           RHO CARPTER         5390 Virginia Way         52-607083           TAU CHAPTER         5390 Virginia Way         52-607083           TAU CORPORATION         5390 Virginia Way         52-60708           SILTA CHAPTER         5390 Virginia Way         63-604560           SILTA CORPORATION         5390 Virginia Way         63-604560           SILTA CORPORATION         5390 Virginia Way         53-700           SAMMA CHAPTER         5390 Virginia Way         53-10200           AMMDA CHAPTER         5390 Virginia Way         53-10200           AMBDA CHAPTER         5390 Virginia Way         53-10200           AMBDA CORPORATION         5390 Virginia Way         61-115200           AMBDA CORPORATION         5390 Virginia Way         61-110281           AMBO VIRGA CORPORATION         5390 Virginia Way         61-110281  | DELTA CORPORAT | 390 Virginia Wa | 3-088506   |
| GAMMA CORPORATION         5390 Virginia Way         32-027862           OMICRON CHAPTER         5390 Virginia Way         71-6065735           OMICRON CHAPTER         5390 Virginia Way         71-606657           PHI CAPPER         5390 Virginia Way         95-246103           PHI CORPORATION         5390 Virginia Way         23-70411           RHO CHAPTER         5390 Virginia Way         23-706706           RHO CORPORATION         5390 Virginia Way         52-106706           TAU CHAPTER         5390 Virginia Way         52-106706           TAU CHAPTER         5390 Virginia Way         53-106706           TAU CHAPTER         5390 Virginia Way         23-732700           AMMA CARPER         5390 Virginia Way         23-732700           AMMA CARPER         5390 Virginia Way         53-106706           AMBDA CARPER         5390 Virginia Way         53-106706           AMBDA CARPER         5390 Virginia Way         53-10200           AMBDA CARPER         5390 Virginia Way         61-110287           AMBCA CARPER         5390 Virginia Way         61-110287           AMGA CARPER         5390 Virginia Way         61-110287           AMGA CARPER         5390 Virginia Way         61-110281           AMGA CARPER  | GAMMA          | 390 Virginia Wa | 6-464170   |
| OMICRON CHAPTER         5390 Virginia Way         71-605735           OMICRON CRAPTER         5390 Virginia Way         71-606657           PHI CHAPTER         5390 Virginia Way         95-246103           PHI CORPORATION         5390 Virginia Way         53-700411           RHO CHAPTER         5390 Virginia Way         23-742524           TAU CHAPTER         5390 Virginia Way         52-607083           TAD CRAPTER         5390 Virginia Way         52-607083           TAD CRAPTER         5390 Virginia Way         53-106706           SILTA CORPORATION         5390 Virginia Way         63-604560           SAMMA CHAPTER         5390 Virginia Way         53-732700           AMMA CHAPTER         5390 Virginia Way         53-164103           AMBDA CHAPTER         5390 Virginia Way         53-16100           SABO Virginia Way         5390 Virginia Way         53-161070           MEGA CHAPTER         5390 Virginia Way         61-116777           MEGA CHAPTER         5390 Virginia Way         61-116287           MEGA CHAPTER         5390 Virginia Way         61-116287           MEGA CORPORATION         5390 Virginia Way         61-110283           MEGA CORPORATION         5390 Virginia Way         61-110283           ME  | GAMMA          | 390 Virginıa Wa | 2-027862   |
| OMICRON CORPORATION  S390 Virginia Way PHI CHAPTER PHI CORPORATION PHI CHAPTER PHI CORPORATION S390 Virginia Way S390 Virginia Way S390 Virginia Way TAU CHAPTER S390 Virginia Way TAU CHAPTER S390 Virginia Way S23-742524 S390 Virginia Way S23-742524 S390 Virginia Way S23-742524 S390 Virginia Way S23-742524 S2106706 S390 Virginia Way S23-742524 S2106706 S230 Virginia Way S23-742524 S23-74254 S23-74254 S23-74254 S23-74254 S23-74254 S23-74254 S23-74254 S23-74254 S23-74254 S23-74254 S23-74254 S23-74254 S23-74254 S23-74254 S23-74254 S23-74254 S23-742 | OMICRON        | 390 Vırginia Wa | 1 - 605735 |
| PHI CHAPTER         5390 Virginia Way         95-246103           PHI CORPORATION         5390 Virginia Way         95-246103           RHO CHAPTER         5390 Virginia Way         23-70411           RHO CARPORATION         5390 Virginia Way         52-106706           TAU CARPTER         5390 Virginia Way         52-106706           SITA CARPTER         5390 Virginia Way         41-012031           SITA CARPTER         5390 Virginia Way         63-604560           SITA CORPORATION         5390 Virginia Way         53-104003           AMMA CARPTER         5390 Virginia Way         91-144003           AMBDA CORPORATION         5390 Virginia Way         52-150200           AMBDA CORPORATION         5390 Virginia Way         61-115200           AMBDA CORPORATION         5390 Virginia Way         61-116287           AGGA CHAPTER         5390 Virginia Way         61-116287           AGGA CORPORATION         5390 Virginia Way         61-116287           AGGA CORPORATION         5390 Virginia Way         61-116287           AGGA CORPORATION         5390 Virginia Way         61-110287           AGGA CORPORATION         5390 Virginia Way         61-110287  | OMICRON        | 390 Virginia Wa | 1-606657   |
| PHI CORPORATION         5390 Virginia Way         95-620623           RHO CHAPTER         5390 Virginia Way         23-700411           RHO CARPDRATION         5390 Virginia Way         53-607083           TAU CCRPORATION         5390 Virginia Way         52-607083           TAU CRPORATION         5390 Virginia Way         63-604560           SITA CRPORATION         5390 Virginia Way         63-604560           SITA CRPORATION         5390 Virginia Way         23-732700           AMMA CHAPTER         5390 Virginia Way         23-732700           AMBDA CHAPTER         5390 Virginia Way         25-150200           AMBDA CORPORATION         5390 Virginia Way         25-150200           AMBDA CORPORATION         5390 Virginia Way         61-115205           AGGA CORPORATION         5390 Virginia Way         61-116287           AICRON CHAPTER         5390 Virginia Way         61-116287           AICRON CHAPTER         5390 Virginia Way         61-116287   | PHI (          | 390 Virginia Wa | 5-246103   |
| RHO CHAPTER         5390 Virginia Way         23-700411           RHO CORPORATION         5390 Virginia Way         23-742524           TAU CHAPTER         5390 Virginia Way         52-106706           TAU CORPORATION         5390 Virginia Way         41-012031           AAPTER         5390 Virginia Way         63-604560           SELTA CHAPTER         5390 Virginia Way         23-73270           AMMA CHAPTER         5390 Virginia Way         91-161825           AMMBDA CHAPTER         5390 Virginia Way         25-150200           AMBDA CORPORATION         5390 Virginia Way         25-150200           AMBDA CORPORATION         5390 Virginia Way         55-150200           AMBDA CORPORATION         5390 Virginia Way         61-115200           4EGA CHAPTER         5390 Virginia Way         61-116287           4EGA CORPORATION         5390 Virginia Way         61-116287  | PHI (          | 390 Virginia Wa | 5-620623   |
| RHO CORPORATION         5390 Virginia Way         23-742524           TAU CHAPTER         5390 Virginia Way         52-607083           TAU CORPORATION         5390 Virginia Way         52-106706           SILTA CHAPTER         5390 Virginia Way         63-604560           SILTA CORPORATION         5390 Virginia Way         23-732700           AMMA CHAPTER         5390 Virginia Way         91-144003           AMBDA CORPORATION         5390 Virginia Way         25-150200           AMBDA CORPORATION         5390 Virginia Way         25-150200           AMBDA CORPORATION         5390 Virginia Way         61-116287           4GGA CHAPTER         5390 Virginia Way         61-116287           4GCA CHAPTER         5390 Virginia Way         61-116287           4GCA CORPORATION         5390 Virginia Way         61-116287           41CRON CHAPTER         5390 Virginia Way         61-116287  | RHO            | 390 Virginia Wa | 3-700411   |
| TAU CHAPTER         5390 Virginia Way         52-607083           TAU CORPORATION         5390 Virginia Way         52-106706           41-012031         5210 Virginia Way         5390 Virginia Way         53-00 Virginia Way           521TA CORPORATION         5390 Virginia Way         53-00 Virginia Way         53-106706           AMMA CORPORATION         5390 Virginia Way         55-150200           AMBDA CORPORATION         5390 Virginia Way         55-150200           AMBDA CORPORATION         5390 Virginia Way         61-112775           4GGA CHAPTER         5390 Virginia Way         61-110287           4GGA CORPORATION         5390 Virginia Way         61-110287           4ICRON CHAPTER         38-611873  | RHO            | 390 Virginia Wa | 3-742524   |
| TAU CORPORATION         5390 Virginia Way         52-106706           1APTER         5390 Virginia Way         41-012031           521TA CHAPTER         5390 Virginia Way         53-604560           521TA CORPORATION         5390 Virginia Way         91-161825           AMMA CHAPTER         5390 Virginia Way         25-150200           AMBDA CORPORATION         5390 Virginia Way         25-150200           AMBDA CHAPTER         5390 Virginia Way         61-112775           AMGA CHAPTER         5390 Virginia Way         61-115200           AGGA CHAPTER         5390 Virginia Way         61-116287           AGGA CORPORATION         5390 Virginia Way         61-116287           AICRON CHAPTER         5390 Virginia Way         61-116287  | TAU            | 390 Virginia Wa | 2-607083   |
| (1-012031)         (1-012031)      (  | TAU            | 390 Virginia Wa | 2-106706   |
| CHAPTER       5390 Virginia Way       63-604560         CORPORATION       5390 Virginia Way       91-161825         CHAPTER       5390 Virginia Way       91-144003         A CHAPTER       5390 Virginia Way       25-150200         A CHAPTER       31-112775         CHAPTER       5390 Virginia Way       61-115200         CORPORATION       5390 Virginia Way       61-110287         CORPORATION       5390 Virginia Way       61-110287         CORPORATION       5390 Virginia Way       61-110287  | HAPTER         | 390 Virginia Wa | 1-012031   |
| CORPORATION       5390 Virginia Way       23-732700         CHAPTER       5390 Virginia Way       91-161825         CORPORATION       5390 Virginia Way       25-150200         A CHAPTER       5390 Virginia Way       31-112775         CHAPTER       5390 Virginia Way       61-115200         CORPORATION       5390 Virginia Way       61-110287         CORPORATION       5390 Virginia Way       61-110287  |                | 390 Virginia Wa | 3-604560   |
| CHAPTER       5390 Virginia Way       91-161825         CORPORATION       5390 Virginia Way       25-150200         A CHAPTER       31-112775         A CORPORATION       5390 Virginia Way       61-115200         CHAPTER       5390 Virginia Way       61-110287         CORPORATION       5390 Virginia Way       61-110287         ON CHAPTER       38-611873   |                | 390 Virginia Wa | 3-732700   |
| CORPORATION       5390 Virginia Way       25-150200         A CHAPTER       5390 Virginia Way       31-112775         CHAPTER       5390 Virginia Way       61-115200         CORPORATION       5390 Virginia Way       61-110287         CORPORATION       5390 Virginia Way       61-110287         ON CHAPTER       38-611873   | _              | 390 Virginia Wa | 1-161825   |
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| A CORPORATION       5390 Virginia Way         CHAPTER       61-115200         CORPORATION       5390 Virginia Way         ON CHAPTER       38-611873   |                | 390 Virginia Wa | 5-150200   |
| CHAPTER         5390 Virginia Way         61-115200           CORPORATION         5390 Virginia Way         61-110287           ON CHAPTER         38-611873   |                | 390 Virginia Wa | 1-112775   |
| CORPORATION 5390 Virginia Way 61-110287<br>ON CHAPTER 38-611873  |                | 390 Virginia Wa | 1-115200   |
| CHAPTER 5390 Virginia Way 38-611873  |                | 390 Virginıa Wa | 1-110287   |
|  |                | 390 Virginia Wa | 8-611873   |

# 4444333333 ALPHA OMICRON PI FRATERNITY, INC. איז-זחמה Alpha OMICRON PI FRATERNITY, INC. איז-זחמה איז Alpha OMICRON PI FRATERNITY, INC.

23-7046541 FYE: 6/30/2010

| Statement 1 - Form 990, Page 1, Line H(b) - Affiliated Group Return Information | (continued) |
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| Business Name              |                 | <u>П</u>   |
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| MICRON                     | irginia Wa      | 62-0984564 |
| THETA BETA CHAPTER         | 390 Virginia Wa | 2-153583   |
| THETA BETA CORPORATION     | 390 Virginia Wa | 5-153280   |
| THETA CHI CHAPTER          | 390 Virginia Wa | 2-609002   |
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| THETA OMEGA CHAPTER        | 390 Virginia Wa | 6-605245   |
| THETA OMEGA CORPORATION    | 390 Virginia Wa | 6 - 071249 |
| THETA PI CHAPTER           | 390 Virginia Wa | 3-730684   |
| THETA PI CORPORATION       | 390 Virginıa Wa | 3-616270   |
| THETA PSI CHAPTER          | 390 Virginia Wa | 4-655611   |
| THETA PSI CORPORATION      | 390 Virginia Wa | 4-660916   |
| UPSILON LAMBDA CHAPTER     | 390 Virginia Wa | 1-098306   |
| UPSILON LAMBDA CORPORATION | 390 Virginia Wa | 7-081420   |
| XI CHAPTER                 | 390 Virginia Wa | 3-165103   |
| XI CORPORATION             | 390 Virginia Wa | 1 - 088577 |
| XI OMICRON CHAPTER         | 390 Virginia Wa | 7-066531   |
| XI OMICRON CORPORATION     | 390 Virginia Wa | 3-047487   |
| ZETA CHAPTER               | 390 Virginia Wa | 7-009041   |
| ZETA CORPORATION           | 390 Virginia Wa | 7-603029   |
| ZETA PI CHAPTER            | 390 Virginia Wa | 3-096600   |
| ZETA PI CORPORATION        | 390 Virginia Wa | 3-107561   |
| ZETA PSI CHAPTER           | 390 Virginia Wa | 6 - 081630 |
| ZETA PSI CORPORATION       | 390 Virginia Wa | 8-137339   |
| ALPHA CHI CHAPTER          | 390 Virginia Wa | 1 - 603749 |
| ALPHA CHI CHAPTER          | 390 Virginıa W  | 1-603749   |
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ELF filename=44443333333.990 RET.2009\_0.US.XEF

4/28/2011 3:45:19 PM Electronic file deleted

ELF filename=4444333333.990 RET.2009 0.US.XEF 4/28/2011 4:10:57 PM Electronic file created

ELF filename=4444333333.990 RET.2009 0:US.XEF

4/28/2011 4:42:41 PM Electronic file queued for transmission ELF filename=44443333333.990 RET.2009\_0.US.XEF 4/28/2011 4:42:43 PM File transmitted

ELF filename=44443333333.990 RET.2009 0.US.XEF 4/29/2011 8:33:45 AM Return rejected

ELF filename=44443333333990 RET.2009 0.US.XEF

Ack issued by agency:04/28/2011

Database Validation Error

Return/ReturnData/AffiliateListing [AffiliateListing], (Affiliate Listing For each entry in the Affiliate Listing [AffiliateListing]

is attached to Item H(b)), the combination of EIN, Name Control, and GEN (provided in Form 990), must match data in the e-file database. (rule F990-908)