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Form **990**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
Inspection****A** For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10****B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Termination☐ Amended return☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization **ALPHA OMICRON PI FRATERNITY, INC.****GROUP RETURN**

Doing Business As

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

5390 Virginia Way

Room/suite

City or town, state or country, and ZIP + 4

Brentwood**TN 37027****F** Name and address of principal officer**D** Employer identification number**23-7046541****E** Telephone number**615-370-0920****G** Gross receipts \$ **19,275,459****H(a)** Is this a group return for

affiliates?

☒ Yes☐ No**H(b)** Are all affiliates included?☐ Yes☒ No

If "No," attach a list (see instructions)

See Stmt 1**H(c)** Group exemption number ▶ **0190****I** Tax-exempt status ☒ 501(c) (**7**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **www.alphaomicronpi.org****K** Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation**M** State of legal domicile**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO ENCOURAGE A SPIRIT OF FRATERNITY & LOVE AMONG ITS MEMBERS, PROMOTE INTEGRITY, DIGNITY, SCHOLARSHIP, & COLLEGE LOYALTY; SUPPORTS THE BEST INTERESTS OF THE COLLEGES AND UNIVERSITIES IN WHICH CHAPTERS ARE INSTALLED		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	461
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	431
	5 Total number of employees (Part V, line 2a)	5	107
	6 Total number of volunteers (estimate if necessary)	6	1800
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	88,299
b Net unrelated business taxable income from Form 990-T, line 34	7b	87,299	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,273,407	474,367
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,279,258	17,489,100
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	561,044	-9,847
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	98,339	437,649
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,212,048	18,391,269
	14 Benefits paid to or for members (Part IX, column (A), line 4)	889,447	289,026
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,390	6,000
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,381,419	1,175,440
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	43,631	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	16,909,748	16,332,775
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	19,231,635	17,803,241
	19 Revenue less expenses - Subtract line 18 from line 12	980,413	588,028
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	36,732,894	35,342,491
	22 Net assets or fund balances - Subtract line 21 from line 20	15,904,825	14,693,282
		20,828,069	20,649,209

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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

Troy LeForge

Type or print name and title

CFO

Date

5/2/11

Sign Here

Paid Preparer's Use Only

Preparer's signature

Roger M. Gallivan

Date

04/29/11Check if self-employed ☐Preparer's identifying number (see instructions)
P00086008

Firm's name (or yours if self-employed), address, and ZIP + 4

Arnold Gallivan Levesque P.C.**2810 Premiere Pkwy Ste 200****Duluth, GA 30097**EIN ▶ **26-0863073**Phone no ▶ **678-240-2640**

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

☐ Yes ☐ No

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

DAA

Form **990** (2009)**613 10**

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission

TO ENCOURAGE A SPIRIT OF FRATERNITY & LOVE AMONG ITS MEMBERS, PROMOTE INTEGRITY, DIGNITY, SCHOLARSHIP, & COLLEGE LOYALTY; SUPPORTS THE BEST INTERESTS OF THE COLLEGES AND UNIVERSITIES IN WHICH CHAPTERS ARE INSTALLED

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
TO PROVIDE ROOM & BOARD AND SUPPORT TO THE MEMBERS OF CHAPTER AND HOUSING CORPORATION OF ALPHA OMNICRON PI FRATERNITY, INC.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ►

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		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
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		
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," complete Schedule D, Part I		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	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		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 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		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		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	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

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	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	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		
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		
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		X
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		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)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c 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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
1a	66		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	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 account)?		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 and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	787,299	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against 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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
12b			

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.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	461	
1b Enter the number of voting members that are independent	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?		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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	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?	X	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11a Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☒ Another's website ☐ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 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 organization ► **Jackie Lynch**
5390 Virginia Way
Brentwood TN 37027

615-370-0920

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

[illegible]

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

[illegible]**1b Total**

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Yes	No
-----	----

3		X
---	--	---

4		X
---	--	---

5		X
---	--	---

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b	268,501			
	c Fundraising events	1c	87,336			
	d Related organizations	1d	38,021			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	80,509			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		474,367			
Program Service Revenue		Busn. Code				
	2a Room & Board	721310	6,551,332	6,551,332		
	b Chapter Activities	900099	6,155,330	6,155,330		
	c National Assessment	900099	2,298,845	2,298,845		
	d Parlor Fees	900099	1,487,149	1,487,149		
	e Miscellaneous	900099	996,444	996,444		
	f All other program service revenue					
	g Total. Add lines 2a-2f		17,489,100			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		22,319	5,479	12,864	3,976
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents	690,687				
	b Less rental exps	282,823				
	c Rental inc. or (loss)	407,864				
	d Net rental income or (loss)		407,864	332,429	75,435	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		501,014				
	b Less cost or other basis & sales exps	533,180				
	c Gain or (loss)	-32,166				
	d Net gain or (loss)		-32,166	-32,166		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	97,972			
	b Less direct expenses	b	68,187			
	c Net income or (loss) from fundraising events		29,785	33,838	-4,053	
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total Revenue. See instructions			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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	272,653			
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 Other salaries and wages	994,638			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	37,870			
10 Payroll taxes	142,932			
11 Fees for services (non-employees)				
a Management	12,232			
b Legal	64,754			
c Accounting	344,949			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	3,278			
g Other	86,328			
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			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	250,987			
20 Interest	211,585			
21 Payments to affiliates	2,072,227			
22 Depreciation, depletion, and amortization	1,200,263			
23 Insurance	6,006			
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)				
a RUSH/SOCIAL ACTIVITIES	1,998,718			
b FOOD/SUPPLY	1,503,724			
c MISCELLANEOUS	1,489,992			
d PERSONAL FUND	486,589			
e BLDG/MAINT & FURNISHING	481,812			
f All other expenses	642,428			
25 Total functional expenses. Add lines 1 through 24f	17,803,241			
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

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

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☒ Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in 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 the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

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

2009Open to Public
Inspection

Name of the organization

**ALPHA OMICRON PI FRATERNITY, INC.
GROUP RETURN**

Employer identification number

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
1 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		
5 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 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
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ _ _ _ _

4 Number of states where property subject to conservation easement is located ▶ _ _ _ _ _

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _ _ _ _ _

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _ _ _ _ _

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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

Part III 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	▶ \$ _ _ _ _ _

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds


Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,526,060		1,526,060
b Buildings	3,366,346	15,424,865	4,155,545	14,635,666
c Leasehold improvements	1,796,050	7,206,942	1,414,546	7,588,446
d Equipment	3,458,238	438,087	2,392,498	1,503,827
e Other	263,693	4,976,808	3,188,752	2,051,749
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				27,305,748

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) 		

Part IX Other Assets. See Form 990, Part X, line 15.

[illegible]

Part X **Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
Delta Sigma Corp- loan	2,264,513
AOll 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

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XIV Supplemental Information (continued)

Area with horizontal dashed lines for supplemental information.

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 (event type)	ZETA PSI (event type)	13 (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	20,825	20,392	56,755	97,972
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	20,825	20,392	56,755	97,972
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	17,681	8,047	32,770	58,498
	10 Direct expense summary Add lines 4 through 9 in column (d)				58,498
	11 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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

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?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**b** An outside facility

13a	%
13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$**c** If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor
17 Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

Department of the Treasury
Internal Revenue Service

Name of the organization

**ALPHA OMICRON PI FRATERNITY, INC.
GROUP RETURN**

Employer identification number

23-7046541

▶ Attach to Form 990.

OMB No. 1545-0047

2009**Open to Public
Inspection****Part I General Information on Grants and Assistance****1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States☒ Yes☐ No**Part II****Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" toForm 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 I-1 (Form 990) if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	ALPHA OMICRON PI PROPERTY							
	5390 VIRGINIA WAY							
	BRENTWOOD TN 37027	62-0950113	7	70,829				SUPPORT OF CHAPTERS
	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 WAY							
	BRENTWOOD TN 37027	58-1343315	3	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				

2 Enter total number of section 501(c)(3) and government organizations▶ **1****3** Enter total number of other organizations

▶

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

Schedule I (Form 990) 2009

DAA

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(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
ALPHA CHI		7,701			
ALPHA DELTA CORP		2,125			
ALPHA GAMMA		4,062			
ALPHA LAMBDA		85			
ALPHA PSI		500			
NU BETA-SCHOLARSHIP		1,900			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.					

PART IV-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.

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**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.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

**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.

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

Name of the organization

ALPHA OMICRON PI FRATERNITY, INC.
GROUP RETURN**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009**Open to Public Inspection**

Employer identification number

23-7046541**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
					N/A

Part III 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro- portionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		

Part IV 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 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		X
b	Gift, grant, or capital contribution to other organization(s)	X	
c	Gift, grant, or capital contribution from other organization(s)		X
d	Loans or loan guarantees to or for other organization(s)	X	
e	Loans or loan guarantees by other organization(s)		X
f	Sale of assets to other organization(s)		X
g	Purchase of assets from other organization(s)		X
h	Exchange of assets		X
i	Lease of facilities, equipment, or other assets to other organization(s)		X
j	Lease of facilities, equipment, or other assets from other organization(s)	X	
k	Performance of services or membership or fundraising solicitations for other organization(s)		X
l	Performance of services or membership or fundraising solicitations by other organization(s)		X
m	Sharing of facilities, equipment, mailing lists, or other assets		X
n	Sharing of paid employees	X	
o	Reimbursement paid to other organization for expenses		X
p	Reimbursement paid by other organization for expenses	X	
q	Other transfer of cash or property to other organization(s)	X	
r	Other transfer of cash or property from other organization(s)		X
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			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	
ALPHA OMICRON PI FRATERNITY, INC	n	95,473	
ALPHA OMICRON PI FRATERNITY, INC	l	147,864	
SIGMA ALPHA CORPORATION	d	50,733	
XI CORPORATION	d	80,091	
XI OMICRON CORPORATION	d	208,428	
ALPHA DELTA CORPORATION	i	120,000	

Schedule R (Form 990) 2009

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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 or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

[illegible]

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

	(a) Name of other organization	(b) Transaction type (a--f)	(c) Amount involved
(7)	BETA PHI CORPORATION	i	433,360
(8)	IOTA CORPORATION	i	175,428
(9)	IOTA SIGMA CORPORATION	i	81,000
(10)	KAPPA OMEGA CORPORATION	i	127,800
(11)	OMEGA UPSILON CORPORATION	i	153,132
(12)	PI DELTA CORPORATION	i	103,320
(13)	XI CORPORATION	i	171,996
(14)	XI OMICRON CORPORATION	i	267,360
(15)	ALPHA OMICRON PI FRATERNITY, INC	b	70,829
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

DAA

Schedule R-1 (Form 990) 2009

Form 990	Receivables Due from Other Disqualified Persons	2009
For calendar year 2009, or tax year beginning 07/01/09 , and ending 06/30/10		
Name ALPHA OMICRON PI FRATERNITY, INC. GROUP RETURN		Employer Identification Number 23-7046541

Form 990, Part X, Line 6 - Additional Information

Name of borrower	Title
(1) MARY GANNON GUNN	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	5,000	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	5,000	

Forms

990 / 990-PF**Mortgages and Other Notes Payable****2009**For calendar year 2009, or tax year beginning **07/01/09**, and ending **06/30/10**

Name

**ALPHA OMICRON PI FRATERNITY, INC.
GROUP RETURN**

Employer Identification Number

23-7046541**Form 990, Part X, Line 23 - Additional Information**

Name of lender	Relationship to disqualified person
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	12,853,010	10,199,507
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	12,853,010	10,199,507

Federal Statements

23-7046541

FYE: 6/30/2010

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

Business Name	Address	EIN
ALPHA CHI CHAPTER	5390 Virginia Way	61-6037498
ALPHA CHI CHAPTER	5390 Virginia Way	61-6037498
ALPHA CHI CORPORATION	5390 Virginia Way	31-0980375
ALPHA DELTA CHAPTER	5390 Virginia Way	23-7139197
ALPHA DELTA CORPORATION	5390 Virginia Way	63-0518914
ALPHA GAMMA CHAPTER	5390 Virginia Way	91-6054199
ALPHA GAMMA CORPORATION	5390 Virginia Way	91-6035164
ALPHA LAMBDA CHAPTER	5390 Virginia Way	58-1759562
ALPHA LAMBDA CORPORATION	5390 Virginia Way	58-1813179
ALPHA OMICRON PI PROPERTIES, INC.	5390 Virginia Way	51-0426239
ALPHA PHI CHAPTER	5390 Virginia Way	81-0105370
ALPHA PHI CORPORATION	5390 Virginia Way	81-6014300
ALPHA PSI CHAPTER	5390 Virginia Way	91-2125355
ALPHA PSI CORPORATION	5390 Virginia Way	34-1612736
ALPHA THETA CHAPTER	5390 Virginia Way	23-7086679
ALPHA THETA CORPORATION	5390 Virginia Way	42-1051931
BETA GAMMA CHAPTER	5390 Virginia Way	38-2887807
BETA GAMMA CORPORATION	5390 Virginia Way	38-2830113
BETA PHI CHAPTER	5390 Virginia Way	35-0867577
BETA PHI CORPORATION	5390 Virginia Way	35-6007534
BETA ZETA CHAPTER	5390 Virginia Way	35-2383889
BETA ZETA CORPORATION	5390 Virginia Way	36-0623191
CHI EPSILON CHAPTER	5390 Virginia Way	31-1376016
CHI EPSILON CORPORATION	5390 Virginia Way	31-1363913
CHI LAMBDA CHAPTER	5390 Virginia Way	23-7025674
CHI LAMBDA CORPORATION	5390 Virginia Way	35-6042299
CHI PHI CHAPTER	5390 Virginia Way	68-0621496
CHI PHI CORPORATION	5390 Virginia Way	03-0603547
CHI PSI CHAPTER	5390 Virginia Way	77-0095808
CHI PSI CORPORATION	5390 Virginia Way	77-0149941
CHI THETA CHAPTER	5390 Virginia Way	73-1517555
CHI THETA CORPORATION	5390 Virginia Way	73-1529301
DELTA BETA CHAPTER	5390 Virginia Way	72-6027675
DELTA BETA CORPORATION	5390 Virginia Way	23-7446818
DELTA CHAPTER	5390 Virginia Way	04-2908707
DELTA CORPORATION	5390 Virginia Way	04-2998098
DELTA DELTA CHAPTER	5390 Virginia Way	63-6050521
DELTA DELTA CORPORATION	5390 Virginia Way	63-0772064

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Federal Statements

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**Statement 1 - Form 990, Page 1, Line H(b) - Affiliated Group Return Information
(continued)****Business Name****Address****EIN**

DELTA EPSILON CHAPTER	5390 Virginia Way	63-1011097
DELTA EPSILON CORPORATION	5390 Virginia Way	63-1023489
DELTA KAPPA CHAPTER	5390 Virginia Way	30-0534200
DELTA KAPPA CORPORATION	5390 Virginia Way	30-0553478
DELTA LAMBDA CHAPTER	5390 Virginia Way	35-2312647
DELTA LAMBDA CORPORATION	5390 Virginia Way	35-2312633
DELTA OMEGA CHAPTER	5390 Virginia Way	61-6034662
DELTA OMEGA CORPORATION	5390 Virginia Way	61-0847225
DELTA PI CHAPTER	5390 Virginia Way	43-6051568
DELTA PI CORPORATION	5390 Virginia Way	23-7116888
DELTA PSI CHAPTER	5390 Virginia Way	91-1923726
DELTA PSI CORPORATION	5390 Virginia Way	36-4662944
DELTA RHO CHAPTER	5390 Virginia Way	36-4080691
DELTA RHO CORPORATION	5390 Virginia Way	38-3806742
DELTA SIGMA CHAPTER	5390 Virginia Way	77-0289117
DELTA SIGMA CORPORATION	5390 Virginia Way	77-0167938
DELTA THETA CHAPTER	5390 Virginia Way	75-2041588
DELTA THETA CORPORATION	5390 Virginia Way	75-1973652
DELTA UPSILON CHAPTER	5390 Virginia Way	58-1380776
DELTA UPSILON CORPORATION	5390 Virginia Way	58-1431198
DELTA XI CHAPTER	5390 Virginia Way	35-2271579
DELTA XI CORPORATION	5390 Virginia Way	36-4603709
EPSILON ALPHA CHAPTER	5390 Virginia Way	23-2110212
EPSILON ALPHA CORPORATION	5390 Virginia Way	23-7115303
EPSILON CHAPTER	5390 Virginia Way	22-3002543
EPSILON CHI CHAPTER	5390 Virginia Way	56-1536463
EPSILON CHI CORPORATION	5390 Virginia Way	56-1560713
EPSILON CORPORATION	5390 Virginia Way	16-1416176
EPSILON GAMMA CHAPTER	5390 Virginia Way	84-1535755
EPSILON GAMMA CORPORATION	5390 Virginia Way	84-1535755
EPSILON OMEGA CHAPTER	5390 Virginia Way	61-1202412
EPSILON OMEGA CORPORATION	5390 Virginia Way	61-1117830
EPSILON SIGMA CHAPTER	5390 Virginia Way	37-1383689
EPSILON SIGMA CORPORATION	5390 Virginia Way	37-1390535
GAMMA ALPHA CHAPTER	5390 Virginia Way	54-1174926
GAMMA ALPHA CORPORATION	5390 Virginia Way	56-1244888
GAMMA CHAPTER	5390 Virginia Way	01-6019037

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Federal Statements

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

Business Name	Address	EIN
GAMMA CORPORATION	5390 Virginia Way	01-0345989
GAMMA DELTA CHAPTER	5390 Virginia Way	23-7026776
GAMMA DELTA CORPORATION	5390 Virginia Way	63-1052001
GAMMA OMICRON CHAPTER	5390 Virginia Way	59-0651128
GAMMA OMICRON CORPORATION	5390 Virginia Way	59-6169196
GAMMA SIGMA CHAPTER	5390 Virginia Way	48-6043611
GAMMA SIGMA CORPORATION	5390 Virginia Way	23-7384699
GAMMA THETA CHAPTER	5390 Virginia Way	65-0334813
GAMMA THETA CORPORATION	5390 Virginia Way	65-0176027
IOTA CHAPTER	5390 Virginia Way	37-0670564
IOTA CORPORATION	5390 Virginia Way	37-6034025
IOTA SIGMA CHAPTER	5390 Virginia Way	42-0947006
IOTA SIGMA CORPORATION	5390 Virginia Way	23-7137535
KAPPA ALPHA CHAPTER	5390 Virginia Way	35-6065243
KAPPA ALPHA CORPORATION	5390 Virginia Way	35-6022575
KAPPA CHI CHAPTER	5390 Virginia Way	72-1337094
KAPPA CHI CORPORATION	5390 Virginia Way	04-3621433
KAPPA GAMMA CHAPTER	5390 Virginia Way	59-6144062
KAPPA GAMMA CORPORATION	5390 Virginia Way	65-0350928
KAPPA KAPPA CHAPTER	5390 Virginia Way	35-6041571
KAPPA KAPPA CORPORATION	5390 Virginia Way	35-6037105
KAPPA OMEGA CHAPTER	5390 Virginia Way	54-1199586
KAPPA OMEGA CORPORATION	5390 Virginia Way	31-1040166
KAPPA OMICRON CHAPTER	5390 Virginia Way	62-6047311
KAPPA OMICRON CORPORATION	5390 Virginia Way	62-6046636
KAPPA RHO CHAPTER	5390 Virginia Way	38-2659930
KAPPA RHO CORPORATION	5390 Virginia Way	38-2703146
KAPPA SIGMA CHAPTER	5390 Virginia Way	39-1711427
KAPPA SIGMA CORPORATION	5390 Virginia Way	52-1830878
KAPPA TAU CHAPTER	5390 Virginia Way	72-6027722
KAPPA TAU CORPORATION	5390 Virginia Way	23-7164965
LAMBDA ALPHA CHAPTER	5390 Virginia Way	38-3752879
LAMBDA ALPHA CORPORATION	5390 Virginia Way	83-0474525
LAMBDA BETA CHAPTER	5390 Virginia Way	95-2397136
LAMBDA BETA CORPORATION	5390 Virginia Way	46-0474128
LAMBDA CHI CHAPTER	5390 Virginia Way	23-7360815
LAMBDA CHI CORPORATION	5390 Virginia Way	58-1750325

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Federal Statements

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

Business Name	Address	EIN
LAMBDA ETA CHAPTER	5390 Virginia Way	38-2798519
LAMBDA ETA CORPORATION	5390 Virginia Way	38-2912240
LAMBDA IOTA CORPORATION	5390 Virginia Way	95-3263646
LAMBDA OMICRON CHAPTER	5390 Virginia Way	62-1799350
LAMBDA OMICRON CORPORATION	5390 Virginia Way	62-1817904
LAMBDA SIGMA CHAPTER	5390 Virginia Way	58-0585827
LAMBDA SIGMA CORPORATION	5390 Virginia Way	58-1598179
LAMBDA TAU CHAPTER	5390 Virginia Way	72-6022463
LAMBDA TAU CORPORATION	5390 Virginia Way	23-7368057
LAMBDA UPSILON CHAPTER	5390 Virginia Way	23-2301038
LAMBDA UPSILON CORPORATION	5390 Virginia Way	91-1923724
MU LAMBDA CHAPTER	5390 Virginia Way	03-0416890
MU LAMBDA CORPORATION	5390 Virginia Way	04-3631875
NU BETA CHAPTER	5390 Virginia Way	64-0413632
NU BETA CORPORATION	5390 Virginia Way	64-0820041
NU OMICRON CHAPTER	5390 Virginia Way	62-0998415
NU OMICRON CORPORATION	5390 Virginia Way	62-0112853
OMEGA CHAPTER	5390 Virginia Way	31-6050641
OMEGA CORPORATION	5390 Virginia Way	31-0360591
OMEGA OMICRON CHAPTER	5390 Virginia Way	62-6046772
OMEGA OMICRON CORPORATION	5390 Virginia Way	62-6046772
OMEGA UPSILON CHAPTER	5390 Virginia Way	31-1227005
OMEGA UPSILON CORPORATION	5390 Virginia Way	31-1237595
OMICRON CHAPTER	5390 Virginia Way	62-6051674
OMICRON CORPORATION	5390 Virginia Way	62-6044153
PHI BETA CHAPTER	5390 Virginia Way	23-7062590
PHI BETA CORPORATION	5390 Virginia Way	23-7356480
PHI CHI CHAPTER	5390 Virginia Way	36-3377896
PHI CHI CORPORATION	5390 Virginia Way	36-3459586
PHI DELTA CORPORATION	5390 Virginia Way	39-1532918
PHI SIGMA CHAPTER	5390 Virginia Way	23-7086675
PHI SIGMA CORPORATION	5390 Virginia Way	51-0211350
PHI UPSILON CORPORATION	5390 Virginia Way	35-6065247
PI ALPHA CHAPTER	5390 Virginia Way	31-1038534
PI ALPHA CORPORATION	5390 Virginia Way	91-1923722
PI DELTA CHAPTER	5390 Virginia Way	52-0856415
PI DELTA CORPORATION	5390 Virginia Way	52-0597976

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Federal Statements

FYE: 6/30/2010

Statement 1 - Form 990, Page 1, Line H(b) - Affiliated Group Return Information
(continued)**Business Name****Address****EIN**

PI THETA CHAPTER	5390 Virginia Way	59-3688651
PI THETA CORPORATION	5390 Virginia Way	58-2614249
RHO BETA CHAPTER	5390 Virginia Way	32-0211454
RHO BETA CORPORATION	5390 Virginia Way	35-2311160
RHO DELTA CHAPTER	5390 Virginia Way	63-1145420
RHO DELTA CORPORATION	5390 Virginia Way	63-1154738
RHO OMICRON CHAPTER	5390 Virginia Way	62-1235379
RHO OMICRON CORPORATION	5390 Virginia Way	62-1213381
SIGMA ALPHA CHAPTER	5390 Virginia Way	55-0658678
SIGMA ALPHA CORPORATION	5390 Virginia Way	55-0675824
SIGMA BETA CHAPTER	5390 Virginia Way	52-2454465
SIGMA BETA CORPORATION	5390 Virginia Way	51-0577197
SIGMA CHAPTER	5390 Virginia Way	94-6101862
SIGMA CHI CHAPTER	5390 Virginia Way	15-0572089
SIGMA CHI CORPORATION	5390 Virginia Way	16-6052202
SIGMA DELTA CHAPTER	5390 Virginia Way	63-0698283
SIGMA DELTA CORPORATION	5390 Virginia Way	63-0885066
SIGMA GAMMA CHAPTER	5390 Virginia Way	36-4641700
SIGMA GAMMA CORPORATION	5390 Virginia Way	32-0278627
SIGMA OMICRON CHAPTER	5390 Virginia Way	71-6057354
SIGMA OMICRON CORPORATION	5390 Virginia Way	71-6066577
SIGMA PHI CHAPTER	5390 Virginia Way	95-2461032
SIGMA PHI CORPORATION	5390 Virginia Way	95-6206232
SIGMA RHO CHAPTER	5390 Virginia Way	23-7004114
SIGMA RHO CORPORATION	5390 Virginia Way	23-7425246
SIGMA TAU CHAPTER	5390 Virginia Way	52-6070830
SIGMA TAU CORPORATION	5390 Virginia Way	52-1067065
TAU CHAPTER	5390 Virginia Way	41-0120314
TAU DELTA CHAPTER	5390 Virginia Way	63-6045609
TAU DELTA CORPORATION	5390 Virginia Way	23-7327007
TAU GAMMA CHAPTER	5390 Virginia Way	91-1618250
TAU GAMMA CORPORATION	5390 Virginia Way	91-1440036
TAU LAMBDA CHAPTER	5390 Virginia Way	25-1502007
TAU LAMBDA CORPORATION	5390 Virginia Way	31-1127750
TAU OMEGA CHAPTER	5390 Virginia Way	61-1152003
TAU OMEGA CORPORATION	5390 Virginia Way	61-1102879
TAU OMICRON CHAPTER	5390 Virginia Way	38-6118732

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Federal Statements

FYE: 6/30/2010

Statement 1 - Form 990, Page 1, Line H(b) - Affiliated Group Return Information
(continued)**Business Name****Address****EIN**

TAU OMICRON CORPORATION	5390 Virginia Way	62-0984564
THETA BETA CHAPTER	5390 Virginia Way	52-1535839
THETA BETA CORPORATION	5390 Virginia Way	25-1532804
THETA CHI CHAPTER	5390 Virginia Way	42-6090024
THETA CHI CORPORATION	5390 Virginia Way	32-0301511
THETA OMEGA CHAPTER	5390 Virginia Way	86-6052457
THETA OMEGA CORPORATION	5390 Virginia Way	86-0712496
THETA PI CHAPTER	5390 Virginia Way	23-7306840
THETA PI CORPORATION	5390 Virginia Way	13-6162700
THETA PSI CHAPTER	5390 Virginia Way	34-6556112
THETA PSI CORPORATION	5390 Virginia Way	34-6609166
UPSILON LAMBDA CHAPTER	5390 Virginia Way	31-0983063
UPSILON LAMBDA CORPORATION	5390 Virginia Way	47-0814205
XI CHAPTER	5390 Virginia Way	73-1651030
XI CORPORATION	5390 Virginia Way	71-0885775
XI OMICRON CHAPTER	5390 Virginia Way	77-0665311
XI OMICRON CORPORATION	5390 Virginia Way	83-0474870
ZETA CHAPTER	5390 Virginia Way	47-0090410
ZETA CORPORATION	5390 Virginia Way	47-6030295
ZETA PI CHAPTER	5390 Virginia Way	63-0966009
ZETA PI CORPORATION	5390 Virginia Way	63-1075612
ZETA PSI CHAPTER	5390 Virginia Way	56-0816303
ZETA PSI CORPORATION	5390 Virginia Way	58-1373398
ALPHA CHI CHAPTER	5390 Virginia Way	61-6037498
ALPHA CHI CHAPTER	5390 Virginia Way	61-6037498

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4/29/2011 8:33:45 AM Return rejected
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Ack issued by agency:04/28/2011

For each entry in the Affiliate Listing [AffiliateListing], (Affiliate Listing 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)