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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

**Short Form**  
**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)

OMB No 1545-1150

2009

Open to Public  
Inspection

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10**

B Check if applicable

X 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 EPSILON PI FRATERNITY  
OMICRON CHAPTER**

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

**170 RIVER ROAD**

D Employer identification number

**58-0560996**

E Telephone number

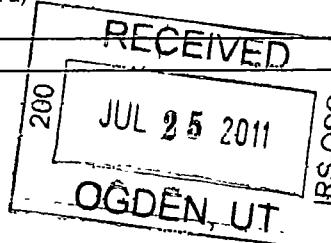
**706-318-3844**

F Group Exemption

Number ►

G Accounting method  Cash  Accrual  
Other (specify) ►H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).I Website: ► **N/A**J Tax-exempt status (check only one) —  501(c)(7) (insert no)  4947(a)(1) or  527K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete returnL Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **335,887****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1	777
2 Program service revenue including government fees and contracts	2	5,936
3 Membership dues and assessments	3	329,153
4 Investment income	4	21
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6c	
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less, direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe ► )	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	335,887
10 Grants and similar amounts paid (attach schedule) <b>STMT 2</b>	10	202,972
11 Benefits paid to or for members	11	124,625
12 Salaries, other compensation, and employee benefits	12	23,296
13 Professional fees and other payments to independent contractors	13	63,438
14 Occupancy, rent, utilities, and maintenance	14	136,365
15 Printing, publications, postage, and shipping	15	202
16 Other expenses (describe ► )	16	
17 Total expenses. Add lines 10 through 16	17	550,898
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-215,011
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	552,222
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	337,211

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	306,634	22 247,387
23 Land and buildings	212,856	23 55,000
24 Other assets (describe ► <b>SEE STATEMENT 3</b> )	33,130	24 152,320
25 Total assets	552,620	25 454,707
26 Total liabilities (describe ► <b>SEE STATEMENT 4</b> )	398	26 117,496
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	552,222	27 337,211

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

Form 990-EZ (2009)



**Part V Other Information (Note the statement requirements in the instructions for Part V.)**

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity Yes  No   
 33 X

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes Yes  No   
 34 X

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T Yes  No   
 a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? Yes  No   
 b If "Yes," has it filed a tax return on Form 990-T for this year? Yes  No   
 35a X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Yes  No   
 36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instr ► 37a   
 b Did the organization file Form 1120-POL for this year? Yes  No   
 37b X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? Yes  No   
 b If "Yes," complete Schedule L, Part II and enter the total amount involved Yes  No   
 38b X

39 Section 501(c)(7) organizations. Enter Yes  No   
 a Initiation fees and capital contributions included on line 9 Yes  No   
 39a X

b Gross receipts, included on line 9, for public use of club facilities Yes  No   
 39b X

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_, section 4912 ► \_\_\_\_\_, section 4955 ► \_\_\_\_\_ Yes  No   
 b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 Yes  No   
 40b X

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Yes  No   
 40c X

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization Yes  No   
 40d X

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Yes  No   
 40e X

41 List the states with which a copy of this return is filed ► GA

42a The organization's books are in care of ► **LOUISE BRADBERRY** Telephone no ► **706-318-3844**  
**180 LAUREL OAKS LANE** Yes  No

Located at ► **JEFFERSON, GA** ZIP + 4 ► **30549** Yes  No

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes  No   
 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. Yes  No   
 42b X

c At any time during the calendar year, did the organization maintain an office outside of the U S ? Yes  No   
 If "Yes," enter the name of the foreign country ► \_\_\_\_\_ Yes  No   
 42c X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43  Yes  No

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes  No   
 44 X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes  No   
 45 X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/> 46	<input type="checkbox"/>
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> 47	<input type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> 48	<input type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> 49a	<input type="checkbox"/>
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	<input type="checkbox"/> 49b	<input type="checkbox"/>

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ► \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

<b>Sign Here</b>	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	
		Date <b>107/14/2011</b>
	► Type or print name and title	

<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date <b>07/16/11</b>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr) <input type="text"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 	EIN <input type="text"/> Phone <input type="text"/> no <b>706-353-8600</b>		
	<b>SMITH, ADCOCK AND COMPANY, CPA'S 394 S. MILLEDGE AVE, SUITE 254 ATHENS, GA 30605-9844</b>			

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

►  Yes  No

Form **4562**Department of the Treasury  
Internal Revenue Service  
(99)**Depreciation and Amortization**  
**(Including Information on Listed Property)**

OMB No 1545-0172

**2009**Attachment  
Sequence No **67**

Name(s) shown on return

**ALPHA EPSILON PI FRATERNITY  
OMICRON CHAPTER**Identifying number  
**58-0560996**

Business or activity to which this form relates

**INDIRECT DEPRECIATION****Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	<b>250,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>800,000</b>
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	<b>3,584</b>
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	<b>8,785</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		1,383	5.0	HY	200DB	276
c 7-year property		2,200	7.0	HY	200DB	314
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	<b>12,959</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562** (2009)

THERE ARE NO AMOUNTS FOR PAGE 2

6019 ALPHA EPSILON PI FRATERNITY  
58-0560996  
FYE: 6/30/2010

7/16/2011 10:53 AM

## Federal Statements

### Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
MEMBERSHIP INCOME	\$ 329,153
TOTAL	\$ <u>329,153</u>

6019 ALPHA EPSILON PI FRaternity  
58-0560996  
FYE: 6/30/2010

**Federal Statements**

7/16/2011 10:53 AM

**Statement 2 - Form 990-EZ, Part I, Line 10 - Payments to Affiliates**

Name and Address	Purpose	Amount of Payment
ALPHA EPSILON PI 8815 WESLEYAN ROAD INDIANAPOLIS, IN 46268	NAT'L REQ'D TRANSFER	202,972
TOTAL		<u>202,972</u>

**Federal Statements****Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beginning of Year	End of Year
PREPAID EXPENSES AND DEFERRED CHARGES	\$ 259	
BASKETBALL COURT	8,953	
LESS ACCUMULATED DEPRECIATION	4,745	
EQUIPMENT	27,308	
LESS ACCUMULATED DEPRECIATION	16,376	
FURNITURE AND FIXTURES	51,600	
LESS ACCUMULATED DEPRECIATION	42,424	
IMPROVEMENTS	154,348	
LESS ACCUMULATED DEPRECIATION	26,603	
PAYROLL TAXES RECEIVABLE	148	
UGA HOUSING PREPAID	5,065	
ACCOUNTS RECEIVABLE	27,917	
	<u>33,130</u>	<u>152,320</u>

**Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

Description	Beginning of Year	End of Year
PAYROLL TAXES PAYABLE	\$ 398	\$ 420
DUE TO AEP NATIONAL TRUST		117,076
	<u>398</u>	<u>117,496</u>