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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)

OMB No 1545-0047

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

Open to Public Inspection

1	A F	or the	2009 calendar year, or tax year begin	ning SEP 1, 200	)9 and	ending A	UG 31, 2010	
E	3 Ci	neck if	Please use IRS				D Employer identifie	cation number
	Γ	Addre						
		Name chang	type Doing Business As				75-2	162127
		initial return	See Number and street (or P 0 I	oox if mail is not delivered to st		Room/suite	E Telephone number	
		Termsr ated	Specific 1300 E BORDER ST	w		205	817-	265-4074
	<u></u>	Ameno	City or town, state or count				G Gross receipts \$	514673.
	L	Applic tion pendir		76010-1656	ADDNED		H(a) Is this a group re	
			F Name and address of principal off 300 E BORDER ST, A		76010		for affiliates? <b>H(b)</b> Are all affiliates inc	Yes X No
-	1 T	27-07		nsert no.) 4947(a)(1)			1	list. (see instructions)
-			WWW.ORDEROFOMEGA.	7 - 1 - 1 - 1	UI 321		H(c) Group exemption	
			organization X Corporation Trus		Other ►	L Year		State of legal domicile TX
		rt I	Summary					
	Activities & Governance		Briefly describe the organization's mission LEADERS	on or most significant activi	ties: TO R	ECOGNI	ZE UNIVERSI	TY STUDENT
	Ē		. –	ition discontinued its opera	tions or dispo	sed of more	than 25% of its net as	sets
	§	3	lumber of voting members of the gover				3	11
	8	4	lumber of independent voting members	s of the governing body (Pa	rt VI, line 1b)		4	0
	ies	5	otal number of employees (Part V, line	2a)			5	8
	Ĕ		otal number of volunteers (estimate if n	••			6	0 15551.
	Ac		otal gross unrelated business revenue	7a	15551.			
		<u>b</u>	let unrelated business taxable income t	from Form 990-1, line 34			7b Prior Year	Current Year
2011	•	8	Contributions and grants (Part VIII, line	lh)			485078.	499122.
<b>6</b>	anue		Program service revenue (Part VIII, line 2					
0	Revenue		nvestment income (Part VIII, column (A)				7367.	15551.
JAN	œ	11	Other revenue (Part VIII, column (A), line	s 5, 6d, 8c, 9c, 10c, and 11	e)			
_			otal revenue add lines 8 through 11 (r		(A), line 12)		492445.	514673.
		13	Grants and similar amounts paid (Part I)	(, column (A), lines 1-3)				
SCANNED		14	Benefits paid to or for members (Part IX	, column (A), line 4)	5.0	-	143486.	147962.
\$	Expenses	15	Salaries, Steef compensation, employee	ļ	143400.	14/302.		
<u>0</u>	ben	ioa b	Professional fundraising fees (Part X, co otal fundraisi <del>ng expenses (Part</del> IX colu	umn (A), line (Te)	-			
W)	N N	17	ther expenses (Part IX, column (A), line	es 11a-11d, 11f-24f)		—— <u> </u>	293099.	287113.
			otal expenses. Add lines 13-17 (must e		e 25)		436585.	435075.
			Revenue less expenses Subtract line 18		55860.	79598.		
3	Net Assets or Fund Balances					Ве	ginning of Current Year	End of Year
	alar	20	otal assets (Part X, line 16)				954054.	1033652.
4	10 E		otal liabilities (Part X, line 26)				054054	1022652
		22 rt	Net assets or fund balances Subtract III  Signature Block	ne 21 from line 20			954054.	1033652.
Ĺ	FU	I L FE		nined this return, including accompa	nving schedules a	nd statements.	and to the best of my knowled	ge and belief, it is true, correct,
			Under penalties of perjury, I declare that I have examined complete. Declaration of preparer (other than of	icer) is based on all information of w	hich preparer has	any knowledge	•	
	Sign	1	Va. Kent J.	Jardine			12-8	-10
	Here		Signature of officer				Date	
			DR KENT L GARDNER	EXECUTIVE D	IRECTOR	·		
-			Type or print name and title		I Data	l Ch	only if	
	Paid		Preparer's	N ODA	Date	l set	f- (see in:	er's identifying number structions)
ı	Prep	arer's	signature TOM B JOHNSO Firm's name (or TOM B JOHNS		11/2	9/10 em	Ployed EIN E	
l	Use 1	Only	vours if TOPL D COTING	OL MILL RD, S'	TE 107		CIIV	<del></del>
			address, and ZIP + 4 ARLINGTON,	•	,		Phone no > (	817) 701-2800
-	May	the If	S discuss this return with the preparer	<del>*** *</del>	tions)			X Yes No
-		01 02-0				eparate ins	tructions.	Form <b>990</b> (2009)

			-
4d	Other program serv	rices. (Describe in Schedule O.)	į
	(Evnences \$	43223 - including are	٠.

43223 • including grants of \$ 254901 •

) (Revenue \$

			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_1_	X	
2	Is the organization required to complete Schedule B. Schedule of Contributors?	2		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	_ 3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		_X_
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_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to		i i	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ļ		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X_
9	Did the organization report an amount in Part X, line 21; 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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			v
	If "Yes," complete Schedule D, Part V	10		Х
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		v	
_	as applicable	11	Х	
•	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 in Part X, line 15 that is 5% or more of its total assets reported in			
Ĭ	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.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b	ļ	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	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	_		v
	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 on Part IX,			, v
	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	4.0		X
46	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		Х
20	complete Schedule G, Part III  Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	ļ	X
LV	Die the diganication operate one of more hospitals ( ii res, complete ocheoule fi		990	-
				,/

1.0	Office is to required ochedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	04		х
00	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Λ
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	22		Х
23	column (A), line 2 <sup>9</sup> If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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	i		
	Schedule K If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	A sub-			
	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		
	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		Х
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		1	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	-	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	ļ		
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	l		U U
	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):	00-		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b		200		
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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<del> </del>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<del>                                     </del>
•	contributions? If "Yes," complete Schedule M	30	}	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ļ
	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?	ļ		
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	ļ	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			١
	If "Yes," complete Schedule R, Part V, line 2	35		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	36	<del> </del>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38		X
—	Note. All Form 990 filers are required to complete Schedule O	1 -	990	
			330	(こしじょ)

a Enter the number reported in Box 3 of Form 1098, Annual Summary and Transmittal of U.S. Information Returns. Enter-0-f not applicable	Form	99D (2009) ORDER OF OMEGA	75-2162	<u>127</u>	P	age 5	
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 in the rise number of Forms W2G included in line 1s. Enter 0- if not applicable in the rise number of Forms W2G included in line 1s. Enter 0- if not applicable in the rise of the organization comply with backup withholding rules for reportable symments to vendors and reportable gamming (gambling) winnings to prace with many 2s. In the rise of the organization comply with backup withholding rules for reportable symments to vendors and reportable gamming (gambling) winnings to prace with many 2s. In the rise of the properties of the organization has a file of the organization and 2s is greater than 250, you may be required to e-life this return. (see instructions)  3b Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  4c If Yes, and the name of the folesing country? If No, "provide an explanation in Schedule O and the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. If No, "provide an explanation in Schedule O and the folesing country. If Yes, "note the name of the folesing country. If No," provide an explanation in Schedule O and the folesing country. If Yes, "note the name of the folesing country. If Yes, "note the name of the folesing country. If Yes, "note the name of the folesing country. If Yes, "note the name of the folesing country. If Yes, "note the name of the folesing country. If Yes, "note the name of the folesing country. If Yes, "note the name of the folesing country. If Yes, "note the name of the folesing country. If Yes, "note the name of the folesing country. If Yes, "note the name of the folesing country. If Yes, "note the name of the folesing country. If Yes, "note the name of the folesing country. If Yes, "note the payor."  5b Did and the organization have annual gross receipts that an enormally greater than \$100,000, and did t	Par	t V Statements Regarding Other IRS Filings and Tax Compliance					
U.S. Information Returns. Enter -0- if not applicable  b. Einer the number of Forms W202 included in low 1s. Enter -0- if not applicable  c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) writings to prize winners?  2a. Einer the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return.  5 If all least one is reported on line 23, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2s is greater than 250, you may be required to e-file this return. (see instructions)  3 Did the organization have unrelated business goes income of \$1 L000 or more dumpt the year covered by this return?  5 If "Yes," has it filed a Form 990 Trior this year? If "No." provide an explanation in Schedule 0  4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial Accounts.  5 If "Yes," the first the name of the foreign country (such as a bank account, securities account; or other financial account?  5 If "Yes," the first the name of the foreign country (such as a bank account, securities account; or other financial account?  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Was the organization as party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxable party notify the organization file from 8886T, Disclosure by Tax-Exempt Entity Reparding Prohibited Tax. Shelter Transaction?  6 Does the organization have an unal gross receipts that at enormally greater than \$100,000, and did the organization solicit any contributions that when not tax deductible?  7 Dirganizations that may receive deductible?  8 Diff the organization shell may be a payment in excess of \$75 made party as a contribution and party for goods and services provided to th			ı	··· ··	Yes	No	
b Enter the number of Forms W-2G included in line 1s. Enter 0-4 not applicable  De the organization comply with backup withholding rules for reportable symments to vendors and reportable gaming (gambling) winnings to prize with making the way and the within the year covered by this return.  In the standard year and and a present in an 2G, you may be required federal employment tax returns?  Note: If the sum of lines 1 and 2 is greater than 2G), you may be required federal employment tax returns?  Note: If the sum of lines 1 and 2 is greater than 2G), you may be required federal employment tax returns?  Note: If the sum of lines 1 and 2 is greater than 2G), you may be required federal employment tax returns?  Note: If the sum of lines 1 and 2 is greater than 2G), you may be required for either texturn, see in estructions)  3a Dat the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  If 'Yes,' has it filed a Form 990 Tin the year? If 'No,' provide an explanation in Schedule Of the Atlant time than the during the clark year?  Set the instructions for exceptions and filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.  If 'Yes,' to line 5s or 5b, do the organization that it was or is a party to a prohibited tax shelter transaction?  If 'Yes,' to line 5s or 5b, do the organization that it was or is a party to a prohibited tax shelter transaction?  By If 'Yes,' to line 5s or 5b, do the organization that it was or is a party to a prohibited tax shelter transaction any contributions and a ware not tax deductible?  By If 'Yes,' to line 5s or 5b, do the organization that it was or is a party to a prohibited tax shelter transaction or grifts were not tax deductible?  By If 'Yes,' to the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  By If 'Yes,' to the organization receive a payment in excess of \$75 made party as a contribution and party for goods an	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	_				
Dut the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2 Enter the number of employees reported on Form W-3, Transmittel of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  8 If all least one is reported on line 23, did the organization file after quiter default 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)  8 Dut the organization have understed business gross income of \$1.000 or more dump the year covered by this return?  8 If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0  4 At Any time duming the calendar year, and the organization have an interest in, or a signature or other authority over, a financial account in a foregon country (such as a benia account, securities account, or other financial account)?  8 If "Yes," then the name of the foregin country; Implementation of the foregin country (such as a benia account, securities account, or other financial accounts?  8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  8 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?  9 Did the organization network of the value of the post of the		U.S. Information Returns. Enter -0- if not applicable		-			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 8  b if at least one is reported on line 2a, did the organization file all required febral 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, lees instructions)  3b Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b if Yes', has filled a Form 990-ff for this year! If No. "provide an explanation in Schedule 0"  1b if Yes', sha filled a Form 990-ff for this year! If No." provide an explanation in Schedule 0"  1b if Yes', enter the name of the foreign country (such as a bank account, securities account, or other financial account)?  1c if Yes', enter the name of the foreign country: Person of the foreign country (such as a bank account, securities account, or other financial account)?  1c if Yes', enter the name of the foreign country: Person of Form 10 F90-22.1, Report of Foreign Bank and Financial Accounts.  1c if Yes', enter the name of the foreign country: Person of Foreign Bank and Financial Accounts.  1c if Yes', to line 5 as of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  1c if Yes', to line 5 as of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  1c if Yes', to line 5 as of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  1d if Yes', to the organization include with every solidation an express statement that such contributions or gifts were not tax deductible?  1d of the organization shall way receive deductible contributions under section 170(c).  2 bd the organization shall way receive deductible contributions under section 170(c).  2 bd the organization shall way receive deductible contributions under section 170(c).  3 bd the organization shall way receive deductible contributions under section 170(c).  4 bd the organization shall wa		• • • • • • • • • • • • • • • • • • • •	ַ טוּ				
Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year crovered by this return.  B	C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming				
filed for the calendar year ending with or within the year covered by this return  Note. If it least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note if the sum of lines it 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 this return?  If Yes, it is if filed a Form 890-ff for this year? If *No.* provide an explanation in Schedule O  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)?  b if *Yes,* enter the name of the foreign country: P  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 as party to a prohibited tax shelter transaction at any time during the tax year?  5b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6c. If *Yes,* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6d. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b. Organizations that may receive deductible contributions under section 170(c).  a Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?  d if *Yes,* Indicate the number of Forms 8222 filed during the year.  7c. X  7b. If *Yes,* Indicate the number of Forms 8222 filed during the year.  9c. Did the organization, uning the year, pay premiums, directly or indirectly, to pay premiums on a personal		(gambling) winnings to prize winners?	1	1c		ļ	
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)  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b If "Yes," has if filed a Form 990-T for this year? If "No., provide an explanation in Schedule O  4a. At any time during the celendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. P  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?  5b. Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6a. Does the organization and party to a prohibited tax shelter transaction?  6b. If "Yes," did the organization file Form 8886*T. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  6c. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c. If "Yes," did the organization network a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  6c. If "Yes," did the organization network of the value of the goods or services provided?  6c. If "Yes," did the organization of the value of the goods or services provided?  6c. If "Yes," did the organization of the value of the goods or services provided?  6c. If yes, "Indicate the number of Forms 8282 filed during the year  6c. If yes," Indicate the number of Forms 8282 filed during the year  6c. If	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
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	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	I I	12a	ļ	<u>ļ</u>	
	<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>	000	100000	

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	<u> </u>	11				
b	Enter the number of voting members that are independent	1b		0				
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?							
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?			1	3_		X X X	
4	Did the organization make any significant changes to its organizational documents since the prior Fo		0 was filed	?	4		<u>X</u> _	
5	Did the organization become aware during the year of a material diversion of the organization's asset	ets?			_ 5	-,,	<u>X</u>	
6	Does the organization have members or stockholders?			-	6	Х		
7a	Does the organization have members, stockholders, or other persons who may elect one or more m	ember	s of the		_	v		
	governing body?	_		ļ	7a	X		
	Are any decisions of the governing body subject to approval by members, stockholders, or other pe				7b_	Λ		
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year					
	by the following				0-	Х		
a	• • •			-	8a_	X		
	Each committee with authority to act on behalf of the governing body?		-4.46		<u>8b</u>			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	acneo	at the		9		Х	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	201/001	o Codo I					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	10Veriu	e Code)			Yes	No	
10a	Does the organization have local chapters, branches, or affiliates?				10a	X	110	
		chant	ers affiliati	es				
Ü	o 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?							
11								
	A Describe in Schedule O the process, if any, used by the organization to review this Form 990.						X	
	a Does the organization have a written conflict of interest policy? If "No," go to line 13						Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld giv	e rise		12a			
_	to conflicts?	·			12b			
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			
13	Does the organization have a written whistleblower policy?				13		X	
14	Does the organization have a written document retention and destruction policy?				14	X		
15	Did the process for determining compensation of the following persons include a review and approve	al by ı	ndepender	nt				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?						
а	The organization's CEO, Executive Director, or top management official				15a	X		
þ	Other officers or key employees of the organization				15b		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 arrange	ement v	with a	i			1,7	
	taxable entity during the year?				16a		X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to every			ation				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	ganızat	ion's					
	exempt status with respect to such arrangements?				16b	_	L	
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed NONE	T /50:	(-)(0)					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	1 (501	(c)(3)s only	) available	TOP			
	public inspection indicate how you make these available. Check all that apply.							
40	Own website Another's website X Upon request	oosfi-	• of into	t naliai e e		nois!		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	CONTIIC	i oi interes	t policy, ar	ia iina	ıııcıaı		
20	statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books a	and ro	orde of the	a Organizat	lion:	•		
20	DR. KENT L GARDNER - 817-265-4074	4110 160	Joida Of till	o organiza				
	300 E BORDER ST, ARLINGTON, TX 76010-1656							

### 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.

Check this box if the organization did not co		y cu	rren			, dire	ecto				
(A)	(B)				<b>C)</b>			(D)	(E)	(F)	
Name and Title	Average	١,,	Position (check all that apply)		Reportable	Reportable	Estimated				
	hours		heck	( all 1	that	app	ly)	compensation	compensation from related	amount of other	
	per week	acto						tho	organizations	compensation	
	WOOK	or of	i #R			ated		organization	(W-2/1099-MISC)	from the	
		LS E	Tage 1		88	bens		(W-2/1099-MISC)	/-2/1099-MISC)		
		ndividual trustee or director	E E	١. ا	old	S st co	Ļ			and related	
		indivi	insttutional trustee	Officer	Key employee	Highest compensated employee	Forme			organizations	
DR. ED WHIPPLE								_	_		
DIRECTOR	0.00	X					L	0.	0.	0.	
DR HOWARD M FARRELL										_	
DIRECTOR	0.00	X						0.	0.	0.	
ANNE TRASK FORCIER											
DIRECTOR	0.00	X				L	_	0.	0.	0.	
DR LARRY LUNSFORD			ļ							_	
DIRECTOR	0.00	Х	<u> </u>					0.	0.	0.	
BARBARA J TOOTLE								_	_		
DIRECTOR	0.00	Х			<u> </u>			0.	0.	0.	
DAISY M WOOD									_		
DIRECTOR	0.00	Х	<u> </u>	_	_	ļ	_	0.	0.	0.	
REATHA COX									_		
VICE PRESIDENT	0.00	Х	_	<u> </u>		<u> </u>	L	0.	0.	0.	
DR. KENT L GARDNER											
EXECUTIVE DIRECTOR	40.00		<u> </u>	X		ļ	_	54583.	0.	0.	
DR. DAVID L GRADY											
PRESIDENT	1.00		<u> </u>	X	_	<u> </u>	<u> </u>	0.	0.	0.	
KENT PAWLAK								4500			
TECHNOLOGY DIRECTOR	2.00			X	<u> </u>	<u> </u>	L	4500.	0.	0.	
MARDIE T. SORENSEN					Ì			0000			
ASSISTANT EXEC DIRECTOR	5.00	<u> </u>	ļ	X	_	ļ	ļ <u>.                                    </u>	9000.	0.	0.	
JESSICA GARDNER	40.00	l		,				45774		_	
DIRECTOR OF CHAPTER SERV	40.00	_	-	X	-	╀	┝	45774.	0.	0.	
ANN SMITH	1 00		ŀ	v					_		
STUDENT BOARD MEMBER	1.00		<u> </u>	X	-	-	$\vdash$	0.	0.	0.	
· · · · · · · · · · · · · · · · · · ·		-				-	<del> </del>	-			
		1	1			<u> </u>		<u> </u>			

Pai	* VIE Section A. Officers, Directors, Tr		mple	yee			High	est					
	(A)	(B) (C) Average Position							(D)	(E)	l _	(F)	
	Name and title	Average	/-					<b>L</b> A	Reportable compensation	Reportable compensation	1	timated ount of	
		hours per week    Institutional furstee or direction former with the end of t		from from related		comp fro orga and	other censation the anization related	on n d					
						ļ <u> </u>							
													-
											<u>                                      </u>		
1 b	Total						▶		113857.	0	•		0.
2	Total number of individuals (including but	not limited to ti	hose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	0,000 in reportable			_
	compensation from the organization											<b>V</b> 1	0
_											<u></u>	Yes	No
3	Did the organization list any <b>former</b> officer line 1a? If "Yes," complete Schedule J for			e, Ke	y en	npio	yee,	or r	nignest compensated e	mployee on	3		Х
4	For any individual listed on line 1a, is the s			omp	ensa	atioi	n and	d ot	her compensation from	the organization			
	and related organizations greater than \$15	50,000? If "Yes	, " cc	mpl	ete :	Sch	edul	e J 1	for such individual		4	<u></u>	X
5	Did any person listed on line 1a receive or				from	any	y uni	elat	ted organization for serv	rices rendered to	_		х
Sec	the organization? If "Yes," complete Scherotion B. Independent Contractors	<u>aule J for such</u>	per	son			-			- ·	5	1	
1	Complete this table for your five highest countries the organization NONE	ompensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of compen	sation f	rom	
	(A)								(B)	200,000	(C Compe		
	Name and busines	s address							Description of	Services	Compe	isation	
							-						
									. 000				
	Total number of independent contractors	(including but i	not l	ımıte	ed to	the	se li	ster	d above) who received r	more than	,, <del>.</del>		
	\$100,000 in compensation from the organ						0					000	
											Form	<b>990</b> (2	เวดด

75-2162127 Page **9** Form 990 (2009) ORDER OF OMEGA Part VIII Statement of Revenue (D) Revenue (A) (C) (B) Unrelated Total revenue Related or excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a 499122. b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ 499122. Total. Add lines 1a-1f Business Code Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 15551. 15551 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a ь d All other revenue e Total. Add lines 11a-11d 514673. 15551.

12

Total revenue. See instructions

### 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).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				<del></del>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	113857.		113857.	<del></del>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	00050	15560		
7	Other salaries and wages	22869.	17560.	5309.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	11000	200	10040	
10	Payroll taxes	11236.	396.	10840.	
11	Fees for services (non-employees):	2600		2600	
а	Management	3600.		3600.	
b	Legal	2702		3702.	
С	Accounting	3702.		3/02.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	704.		704.	
f	Investment management fees	704.		704.	
9	Other		<del></del>		
12	Advertising and promotion	1836.		1836.	
13	Office expenses	1030.		1030.	
14	Information technology				
15	Royalties	16027.		16027.	
16	Occupancy	60521.	60521.	10027.	t w
17	Travel	00321.	00321.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				· ···
19	Conferences, conventions, and meetings				
20 24	Interest				
21 22	Payments to affiliates  Depreciation, depletion, and amortization	15919.		15919.	
22 23	Insurance	6516.		6516.	
23 24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total		<del> </del>		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
	expenses shown on line 25 below )				
a		72100.	72100.		
b	MEMBER RECOGNITION SUPP	61101.	61101.		
С	PRINTING AND POSTAGE	43223.	43223.	1064	
d	CHAPTER DEVELOPMENT	1864.		1864.	·-···
е					<u> </u>
f	All other expenses	425055	054001	100174	
25_	Total functional expenses. Add lines 1 through 24f	435075.	254901.	180174.	0
26	Joint costs. Check here ▶ 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				Form <b>990</b> (2009

Part X Balance Sheet (B) (A) End of year Beginning of year 137203. 212859. 1 Cash - non-interest-bearing 567054. 581901. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete 6 Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 317997. 10a basis. Complete Part VI of Schedule D 79105. 249797. 10c 238892. 10b b Less: accumulated depreciation 11 11 Investments - publicly traded securities Investments - other securities See Part IV, line 11 12 12 Investments · program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 1033652. 954054. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 -iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 25 0. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ▶ [ and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 

X
and complete lines 30 through 34. 0. 30 30 Capital stock or trust principal, or current funds Ō. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 954054. 1033652. 32 Retained earnings, endowment, accumulated income, or other funds 32 954054. 1033652. 33 33 Total net assets or fund balances 954054. 34 1033652. Total liabilities and net assets/fund balances

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			,,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			ĺ
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		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	-		
	Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990 (	2009)

# SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

ORDER OF OMEGA 75-2162127 Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II c Type III - Functionally integrated d \_\_\_\_ Type III - Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes 11g(i) the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) is the organization (v) Did you notify the (ii) EIN (vii) Amount of (i) Name of supported organization in col (i) organized in the US? organization in col (ı) listed in your organization in col support organization (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes No

Total

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

	A (Form 990 or 990-EZ) 2009		
Part II	Support Schedule for Organizations Describe	ed in Sections 170(b)(1)(A)(iv)	and 170(b)(1)(A)(vi)

	(Complete only if you checked	d the box on line 5	, 7, or 8 of Part I.	)			
Se	ction A. Public Support				-		
Cal	endar year (or fiscal year beginning in)▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		·		ļ		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4						
	ction B. Total Support	( ) 0005	#1 0000	4-3-0007	4.5.0000	(-) 0000	(6 T-4-1
	endar year (or fiscal year beginning in)  Amounts from line 4	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
8	Gross income from interest,			<del> </del>			
٥	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business			<del></del>	<del>-</del>		
•	activities, whether or not the			•			
	business is regularly carried on			+			
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, th	ırd, fourth, or fıfth t	ax year as a section	on 501(c)(3)	
_	organization, check this box and stor						<u> </u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage			<del>,,</del>	
	Public support percentage for 2009 (I	• • • • • • • • • • • • • • • • • • • •	•	column (f))		14	<u>%</u>
15	,, ,					15	<u>%</u>
16	33 1/3% support test - 2009.If the o	-			14 is 33 1/3% or r	nore, check this box	and
	stop here. The organization qualifies		•				
ŀ	33 1/3% support test - 2008.If the o				l line 15 is 33 1/3%	6 or more, check this	s box
	and stop here. The organization qual				- 40 40 40		<b>P</b>
176	1 10% -facts-and-circumstances tes	-					
	and if the organization meets the "fact					art iv now the organi	Zation
	meets the "facts-and-circumstances"	_	•		-	17a and line 15 in 10	7% or
	10% -facts-and-circumstances tes more, and if the organization meets the						J 70 OI
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization		-	•	• • • •		<b>▶</b> □

Page 2

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part III Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 (d) 2008 (b) 2006(e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 398142. 397027. 485078. 499121. 2181434. 402066. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 2181434. 402066. 398142. 397027. 485078. 499121. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0 c Add lines 7a and 7b 2181434 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in)▶ (e) 2009 (a) 2005 **(b)** 2006 (c) 2007(d) 2008 (f) Total 499121 2181434. 402066. 398142. 397027. 485078. 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 14516 14501. 12563 17407 15551 74538. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 14501. 12563 17407. 15551. 14516 74538. c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 426. 426. assets (Explain in Part IV.) 502485. 514672. 412643. 410016. 416582. 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization. check this box and stop here Section C. Computation of Public Support Percentage 96.68 % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 96.66 16 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 3.30 17 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 3.32 18 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ightharpoons Xmore than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

# Schedule D

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.

2009
Open to Public Inspection

Name of the organization

ORDER OF OMEGA

Employer identification number 75-2162127

Par			s or Accounts. Complete if the			
	organization answered "Yes" to Form 990, Part IV, lin	(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 advis	sed funds			
•	are the organization's property, subject to the organization's		Yes No			
6	Did the organization inform all grantees, donors, and donor a		used only			
•	for charitable purposes and not for the benefit of the donor of		-			
	impermissible private benefit?	,,,,,,	Yes No			
Par		ganization answered "Yes" to Form 990, F				
1	Purpose(s) of conservation easements held by the organizat		<del></del>			
	Preservation of land for public use (e.g., recreation or p		storically important land area			
	Protection of natural habitat		ified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	ified 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			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified historic sti	ructure included in (a)	2c			
d	Number of conservation easements included in (c) acquired	, ,	2d			
3	Number of conservation easements modified, transferred, re		e organization during the tax			
	year▶		J J			
4	Number of states where property subject to conservation ea	asement is located >				
5	Does the organization have a written policy regarding the pe					
	violations, and enforcement of the conservation easements it holds?					
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements d	uring the year 🕨			
7						
8	Does each conservation easement reported on line 2(d) above	ve 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 conservat	tion easements in its revenue and expense	e statement, and balance sheet, and			
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes	the organization's accounting for			
	conservation easements.		<u> </u>			
Pa	† Ⅲ Organizations Maintaining Collections o	of Art, Historical Treasures, or O	ther 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, no	ot to report in its revenue statement and b	alance sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	blic 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 balan	ce sheet works of art, historical treasures,			
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	e, 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 tre	easures, or other similar assets for financia				
	the following amounts required to be reported under SFAS 1		-			
а	Revenues included in Form 990, Part VIII, line 1	-	<b>&gt;</b> \$			
b	Assets included in Form 990, Part X		► \$ ► \$			

Sche	dulle D (Form 990) 2009 ORDER O	F OMEGA				75	-21621	27	Page 2
	t III Organizations Maintaining C		rt. Histo	rical Treasures	or Othe				
3	Using the organization's acquisition, accessi								
	(check all that apply):	,		.,	•	•			
а	Public exhibition	d	ى 🗀 لە	an or exchange pro	grams				
b	Scholarly research	е		her					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they	further the organization	ation's exer	npt purpose	ın Part XIV		
5	During the year, did the organization solicit o	r receive donations	of art, histo	orical treasures, or o	ther sımılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the organiz	ation's collection?			Ye	s [	No
Par	t 🕅 Escrow and Custodial Arran	gements. Comple	ete if orgar	nization answered "Y	es" to Forn	n 990, Part I	V, line 9, or		
	reported an amount on Form 990, Par	rt X, line 21						_	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for co	ntributions or other	assets not	ıncluded	_		
	on Form 990, Part X?						L Ye	s L	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing tab	ole:					
							Am	ount	
C	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on F		217				└── Ye	s L	No
	If "Yes," explain the arrangement in Part XIV								
Par	t V Endowment Funds. Complete	f the organization ar	swered "Y	'es" to Form 990, Pa	irt IV, line 10	0.			
		(a) Current year	(b) Pric	or year (c) Two y	ears back (	(d) Three year	s back (e)	Four yea	rs back
1a	Beginning of year balance						<del></del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
þ	Contributions		<del></del>						
C	Net investment earnings, gains, and losses							<del></del>	
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
9	End of year balance				L				
2	Provide the estimated percentage of the year	r end balance held a	as.						
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
_		%							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held and adminis	stered for th	ne organization	on	<u> </u>	
	by						_	Yes	s No
	(i) unrelated organizations							ı(i)	
	(ii) related organizations							(ii)	+
	If "Yes" to 3a(ii), are the related organizations	•					_3	b	
4	Describe in Part XIV the intended uses of the				- 40				
Par	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·					<del></del>
	Description of investment	(a) Cost or o	I .	(b) Cost or other	, , ,	cumulated	(d) i	Book va	lue
		basis (investr	nent)	basis (other)		reciation		20	418.
	Land			39418 182344		20064			280.
b	Buildings			102344	•	20004	•	102	200.
С	Leasehold improvements				-				
d	Equipment	<del></del>		96235	1	59041		27	194.
	Other	Aug Farm 000 Ded	V 25':		•1	39041			892.
ivial	. Add lines 1a through 1e. (Column (d) must e	iqual FUIIII 990, Part	n, column	(D), III IO (C).)				200	<u> </u>

Schedule D (Form 990) 2009

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		of valuation: ear market value
Financial de	erivatives			
Closely-hel	d equity interests			
· ·				
Oo.		1		
-				
				*****
			······································	
Total. (Col (	b) must equal Form 990, Part X, col (B) line 12 ) 🕨	<u> </u>		
Part VII	Investments - Program Related.	See Form 990, Part X, line 13	3	
	(a) Description of investment type	(b) Book value	(c) Method	of valuation. rear market value
	· · · · · · · · · · · · · · · · · · ·		. * * *	
			4	
			<del></del>	
				····
			••••	······································
Total. (Col (	b) must equal Form 990, Part X, col (B) line 13 )	<b>&gt;</b>		<u></u>
Part IX	Other Assets. See Form 990, Part X, I			
		(a) Description		(b) Book value
	<del></del>			
<del></del>				-
			· · · · · · · · · · · · · · · · · · ·	
	umn (b) must equal Form 990, Part X, col (B)	line 15)		<b>&gt;</b>
Part X	Other Liabilities. See Form 990, Part	X, line 25		THE
1	(a) Description of liability		(b) Amount	
Federal Inc	ome taxes			
	1. 2011.			
	· · · · · · · · · · · · · · · · · · ·		<del></del>	
			<del></del>	
Total. (Cold	umn (b) must equal Form 990, Part X, col (B)	line 25 ) ►		

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 932053 02-01-10

Sche	dule D (Form 990) 2009 ORDER OF OMEGA							<u> </u>	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to A	\udit	ed Finan	cial S	tatem	ent	s		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1					
2	Total expenses (Form 990, Part IX, column (A), line 25)								
3	Excess or (deficit) for the year Subtract line 2 from line 1								
4	Net unrealized gains (losses) on investments								
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		th Dave-	10	Det				
	t XII Reconciliation of Revenue per Audited Financial Statemen	ts w	in Rever	iue p			<u> </u>		
1	Total revenue, gains, and other support per audited financial statements				ļ	1			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ما							
a	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			─ .	.			
e	Add lines 2a through 2d				· ·	<u>2e</u>			
3	Subtract line 2e from line 1				'	3			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	امها							
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIV.)	4b			—   .	.			
с 5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				<b>—</b>	lc 5			<del></del>
	t XIII Reconciliation of Expenses per Audited Financial Statemen	nts W	/ith Expe	nses			rn		-
1	Total expenses and losses per audited financial statements		TETT EXPO			1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					-			
a	Donated services and use of facilities	2a							
b	Prior year adjustments	2b							
c	Other losses	2c				Ì			
d	Other (Describe in Part XIV.)	2d				l			
e	Add lines 2a through 2d				2	2e			
3	Subtract line 2e from line 1					3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					$\neg$			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIV.)	4b							
С	Add lines 4a and 4b				4	lc			
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)					5			
Pa	t XIV Supplemental Information								
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,								e 4; Part
X, lin	e 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple	ete this	part to pro	vide ar	ny addition	onai	Intorn	nation.	
					-				-

#### SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service 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

Name of the organization

ORDER OF OMEGA

Employer identification number 75-2162127

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
NEWSLETER: EACH MEMBER IS SENT A QUARTERLY NEWSLETTER
EXPENSES \$ 43223. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 2: THE DIRECTOR OF MEMBERSHIP AND
CHAPTER SERVICES IS THE DAUGHTER-IN-LAW OF THE EXECUTIVE DIRECTOR.
FORM 990, PART VI, SECTION A, LINE 6: STUDENT MEMBERSHIP IS LIMITED TO
MEMBERS OF GREEK-LETTER SOCIAL ORGANIZATIONS. AN APPLICATION IS SUBMITTED
FOR MEMBERSHIP TO THE LOCAL CHAPTERS AND VOTED ON BY THE CURRENT MEMBERS OF
THAT CHAPTER. FACULTY/STAFF MEMBERS OR OTHER HONORARY MEMBERS (ELECTED
HONORIS CAUSA BY THE CHAPTER) DO NOT NEED TO BE AFFILIATED WITH A FRATERNAL
ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 7A: ANNUAL ELECTIONS ARE HELD WITHIN
EACH CHAPTER FOR LOCAL OFFICERS. CHAPTERS HAVE ONE VOTE FOR THE NATIONAL
OFFICERS THAT ELECTED TO SERVE THREE YEAR TERMS.
FORM 990, PART VI, SECTION A, LINE 7B: MEMBERS MUST APPROVE ANY CHANGES TO
CHAPTER BYLAWS AND VOTE ON MEMBERSHIP. AMENDMENTS TO THE NATIONAL
CONSTITUION AND BYLAWS ARE VOTED ON BY LOCAL CHAPTERS.
FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRECTOR REVIEWS THE
990 BEFORE FILING THE FORM.

#### 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

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** ORDER OF OMEGA 75-2162127 EVERY THREE YEARS BY THE EXECUTIVE OFFICERS AND BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: ALL RECORDS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.