See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07/01/10 , and ending 06/30/11

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

D Employer identification number: 23-7046541

E Telephone number: 615-370-0920

G Gross receipts $ 21,202,598

F Name and address of principal officer:
Troy LeForge
5390 Virginia Way
Brentwood TN 37027

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)(3) ☒ 501(c) (7) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.alphaomicronpi.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

M State of legal domicile

Part I Summary

1 Briefly describe the organization's mission or most significant activities
See Schedule O

2 Check this box ▶ ☐ 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	
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	70,115
b	Net unrelated business taxable income from Form 990-T, line 34	7b	69,115

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	474,367	154,327
9	Program service revenue (Part VIII, line 2g)	17,489,100	20,169,863
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-9,847	38,130
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	437,649	432,373
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,391,269	20,794,693
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	289,026	427,582
14	Benefits paid to or for members (Part IX, column (A), line 4)	6,000	
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,175,440	1,501,099
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	16,332,775	16,810,557
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	17,803,241	18,739,238
19	Revenue less expenses. Subtract line 18 from line 12	588,028	2,055,455

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	35,342,491	37,363,574
21	Total liabilities (Part X, line 26)	14,693,282	12,514,228
22	Net assets or fund balances. Subtract line 21 from line 20	20,649,209	24,849,346

SCANNED SEP 17 2012

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

Sign Here

▶ Signature of officer — Date

▶ Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Roger M. Gallivan	Preparer's signature: Roger M. Gallivan	Date: 12/12/11	Check ☐ if self-employed	PTIN: P00086008
Firm's name ▶ Arnold Gallivan Levesque P.C.			Firm's EIN ▶	26-0863073
Firm's address ▶ 2810 Premiere Pkwy Ste 200 Duluth, GA 30097			Phone no	678-570-8112

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2010)

G13

15

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☒

1 Briefly describe the organization's mission:

See Schedule O

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 and board and support to the members of Chapter and Housing Corporations of Alpha Omicron 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	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		N/A
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
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		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, Parts I and IV	14b		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, Parts II and IV	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 located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		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 (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		N/A

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		N/A
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?	24c		N/A
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		N/A
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N/A
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		N/A
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		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	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):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 [X] Yes [ ] No			
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		N/A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☒

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	115			
b	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?			1c		
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	116			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	X	
b	If "Yes," enter the name of the foreign country: ▶ Canada See instructions for 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?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		N/A
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?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		N/A
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?			7a		N/A
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		N/A
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		N/A
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		N/A
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		N/A
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		N/A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		N/A
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		N/A
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		N/A
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		N/A
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	432,315			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-0-			
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	-0-			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		N/A
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		N/A
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	N/A			
c	Enter the amount of reserves on hand	13c	N/A			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b		N/A

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.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		
b	Enter the number of voting members included in line 1a, above, who are independent	1b		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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?	10a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	X	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	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	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	X	
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 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	15a		X
b	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 arrangement with a taxable entity during the year?	16a		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?	16b		N/A

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 [X] 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: ▶ Roger M. Gallivan, CPA 5390 Virginia Way Brentwood TN 37027 404-384-6736

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

Check if Schedule O contains a response to any question in this Part VII X

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. Individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) See Statement 2										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

		Yes	No
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		X
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		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
CSL Management, LLC 2020 Fieldstone Parkway, Ste 900-138 Franklin TN 37069	Management	157,000

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 ▶ 1

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					
	c Fundraising events	1c	154,327				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f $						
	h Total. Add lines 1a–1f			154,327			
Program Service Revenue		Busn. Code					
	2a Room and Board	531110		7,565,199	7,565,199		
	b Membership Dues	900099		6,799,897	6,799,897		
	c Parlor Fees	531110		3,650,751	3,650,751		
	d Lease Income	531110		1,762,655	1,762,655		
	e Management Fee	900099		293,513	293,513		
	f All other program service revenue	900099		97,848	97,848		
	g Total. Add lines 2a–2f			20,169,863			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			38,130	38,130		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross Rents	386,891					
	b Less. rental exps	316,776					
	c Rental inc. or (loss)	70,115					
	d Net rental income or (loss)			70,115		70,115	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis & sales exps						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ 20,199 of contributions reported on line 1c) See Part IV, line 18	a	155,399				
	b Less direct expenses	b	91,129				
	c Net income or (loss) from fundraising events			64,270			
	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 Miscellaneous	900099		297,988	297,988		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a–11d			297,988			
	12 Total revenue. See instructions.			20,794,693	20,505,981	70,115	0

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	427,582			
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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,346,114			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	154,985			
11 Fees for services (non-employees).				
a Management	538,087			
b Legal	168,085			
c Accounting	250,233			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	80,395			
13 Office expenses	319,025			
14 Information technology	12,000			
15 Royalties				
16 Occupancy	7,684,561			
17 Travel	31,605			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	681,744			
20 Interest	605,978			
21 Payments to affiliates	3,012,992			
22 Depreciation, depletion, and amortization	587,930			
23 Insurance	70,594			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Social activities	1,466,400			
b Recruitment	481,181			
c Bank charges	310,072			
d Founder's day	97,940			
e Tax expense	53,101			
f All other expenses	358,634			
25 Total functional expenses. Add lines 1 through 24f	18,739,238	0	0	0
26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). 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		1,755,200	1	3,196,687
	2	Savings and temporary cash investments		3,971,434	2	2,793,194
	3	Pledges and grants receivable, net		28,786	3	
	4	Accounts receivable, net		657,732	4	1,368,641
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		106,637	9	20,929
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 36,511,121			
	b	Less accumulated depreciation	10b 8,226,404	27,305,748	10c	28,284,717
	11	Investments—publicly traded securities		358,120	11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11		290,852	13	934,263
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		867,982	15	765,143
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		35,342,491	16	37,363,574
Liabilities	17	Accounts payable and accrued expenses		440,445	17	418,699
	18	Grants payable			18	
	19	Deferred revenue		48,225	19	
	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			22	
	23	Secured mortgages and notes payable to unrelated third parties		10,199,507	23	9,079,560
	24	Unsecured notes and loans payable to unrelated third parties		406,055	24	
	25	Other liabilities Complete Part X of Schedule D		3,599,050	25	3,015,969
	26	**Total liabilities.** Add lines 17 through 25		14,693,282	26	12,514,228
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		20,569,698	27	24,849,346
	28	Temporarily restricted net assets		64,000	28	
	29	Permanently restricted net assets		15,511	29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] 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		20,649,209	33	24,849,346
	34	Total liabilities and net assets/fund balances		35,342,491	34	37,363,574

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,794,693
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,739,238
3	Revenue less expenses Subtract line 2 from line 1	3	2,055,455
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,649,209
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,144,682
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	24,849,346

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII X

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☒ Other Modified-Cash If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
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.	2c		
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 separate basis, consolidated 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?	3a		
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.	3b		

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

2010

Open 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? ☐ Yes ☐ 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? ☐ Yes ☐ 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)

☐ Preservation of land for public use (e.g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) 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
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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:

		Yes	No
(i)	unrelated organizations	3a(i)	
(ii)	related organizations	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI 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	3,003,876			3,003,876
b Buildings	19,002,514		4,772,916	14,229,598
c Leasehold improvements	12,392,111		2,399,485	9,992,626
d Equipment	2,112,620		1,054,003	1,058,617
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				28,284,717

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) Loans payable	2,214,855
(3) Interest rate swap	735,214
(4) Deposits held	65,900
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,015,969

2. FIN 48 (ASC 740) 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 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			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			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Part XIV Supplemental Information (continued)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization **Alpha Omicron Pi Fraternity, Inc. Group Return**

Employer identification number 23-7046541

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				▶			

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Run for the Ros (event type)	(b) Event #2 Run for the Ros (event type)	(c) Other events 12 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	22,468	22,320	241,112	285,900
	2 Less. Charitable contributions			152,977	152,977
	3 Gross income (line 1 minus line 2)	22,468	22,320	88,135	132,923
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	15,716	8,512	57,254	81,482
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	81,482
	11 Net income summary Combine line 3, column (d), and line 10			▶	51,441

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ 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? 9a ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a ☐ Yes ☐ No

b If "Yes," explain

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

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

13 Indicate the percentage of gaming activity operated in.

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter 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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: Alpha Omicron Pi Fraternity, Inc.
Group Return

Employer identification number: 23-7046541

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? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated 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
(1) Alpha Omicron Pi Foundation 5390 Virginia Way Brentwood TN 37027	58-1343315	3	8,389				
(2) Alpha Omicron Pi Foundation 5390 Virginia Way Brentwood TN 37027	58-1343315	3	7,899				
(3) Alpha Omicron Pi Foundation 5390 Virginia Way Brentwood TN 37027	58-1343315	3	6,104				Bookkeeping
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

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

3 Enter total number of other organizations ▶ 0

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. Part III can be duplicated 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
1						
2						
3						
4						
5						
6						
7						

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: Alpha Omicron Pi Fraternity, Inc. Group Return

Employer identification number: 23-7046541

Form 990 - Organization's Mission or Most Significant Activities

The object of the Fraternity shall be to encourage a spirit of Fraternity and love among its members; to stand at all times for character, dignity, scholarship, and college loyalty; to strive for and support the best interest of the colleges and universities in which Chapters are installed, and in no way to disregard, injure, or sacrifice those interests for the sake of prestige or advancement of the Fraternity or any of its Chapters.

Form 990, Part V, Line 3b - Form 990-T Not Filed Explanation

The Alpha Omicron Pi Fraternity, Inc. Group Return consolidates all the income and expenses for the various Chapters of Alpha Omicron Pi Fraternity, Inc. Any unrelated business income is provided for on an individual Chapter basis on individual 990T's if the filing threshold is met.

Form 990, Part V, Line 4b - Financial Accounts in Foreign Countries

Canada

Form 990, Part VI, Line 3 - Management Delegated

Chapters and Corporations listed are managed internally by Chapter and Corporation members. AOII properties outsources the maintenance of its properties to a well reputed management company.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

The organization has only one class of members - initiated members.

Name of the organization: Alpha Omicron Pi Fraternity, Inc.

Employer identification number: 23-7046541

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, Local Collegiate Chapters, and Corporations are subject to the approval of its members.

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

Alpha Omicron Pi Fraternity, Inc. maintains bylaws that govern the activities of individual Chapters.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Prior to submitting the Alpha Omicron Pi Fraternity, Inc. Group Return IRS 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 IRS Form 990 and the attached schedules. After their review on behalf of the Board, the Form 990 is filed and is provided to the remaining members of the Board.

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

The organization's controller regularly reviews transactions to ensure that conflicts of interest are not present.

Name of the organization: Alpha Omicron Pi Fraternity, Inc.

Employer identification number: 23-7046541

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Copies of the organization's annual IRS From 990 are provided to members and to the public upon request to the National President.

Form 990, Part VII - Group Return Explanation

Individual Chapter and Corporation officers are not compensated.

Form 990, Part XI, Line 5 - Other Changes in Net Assets Explanation

During previous year's, the organization reported financial information in its annual IRS Form 990 only for Chapters and Corporations who had over $25,000 in revenues for the tax year ending June 30th. For the current year, the organization has elected to report the financial information for all Chapters and Corporations. The organization has elected to exclude the financial information of its Alumnae Chapter's due to their immateriality as they relate to the Group Return. No Alumnae Chapter generated over $25,,000 in revenues for the year ended 6/30/2011. The effect of the inclusion of selected Chapters and Corporations financial information during the year resulted in a total increase in equity of $2,124,000 from the previous filing.

Additionally, Alpha Omicron Pi Properties, Inc. had $20,682 of unrealized gains during the current year relating to investments that were not incorporated into the current year's IRS Form 990, Part VIII - Statement of Revenues.

Form 990, Part XII, Line 1 - Change in Accounting Method Explanation

To facilitate a more accurate reporting of financial information and in an

Name of the organization: Alpha Omicron Pi Fraternity, Inc.

Employer identification number: 23-7046541

effort to more stringently conform to IRS reporting guidelines, the organization has changed its basis of accounting in the current year to a modified-cash basis.

This modified cash basis, represents the method of accounting used by the organization's internal accounting system, BillHighway. Certain reclassifications and adjustments have been made in the current year to reflect the organization's modified-cash basis of accounting.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization: Alpha Omicron Pi Fraternity, Inc.
Group Return

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
(1)						
(2)						
(3)						
(4)						
(5)						

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	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1)	Alpha Omicron Pi Fraternity, Inc. 5390 Virginia Way 62-0950113 Brentwood TN 37027		TN	7		N/A		X
(2)								
(3)								
(4)								
(5)								

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 ? Yes	(h) Dispro-portionate alloc ? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													

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
(1)								
(2)								
(3)								
(4)								

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
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 or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b		X
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d	X	
e Loans or loan guarantees by other organization(s)	1e	X	
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i	X	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	X	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
n Sharing of paid employees	1n	X	
o Reimbursement paid to other organization for expenses	1o	X	
p Reimbursement paid by other organization for expenses	1p	X	
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		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	(d) Method of determining amount involved
(1)	Alpha Omicron Properties	d	54,803	Fair Market Value
(2)	Alpha Omicron Properties	d	87,000	Fair Market Value
(3)	Alpha Omicron Properties	d	561,788	Fair Market Value
(4)	Alpha Omicron Properties	d	67,143	Fair Market Value
(5)	Alpha Omicron Properties	a	196,461	Fair Market Value
(6)	Alpha Omicron Properties	i	101,310	Fair Market Value

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
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 or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b		X
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d	X	
e Loans or loan guarantees by other organization(s)	1e	X	
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i	X	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	X	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
n Sharing of paid employees	1n	X	
o Reimbursement paid to other organization for expenses	1o	X	
p Reimbursement paid by other organization for expenses	1p	X	
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		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	(d) Method of determining amount involved
(1)	Alpha Omicron Properties	i	322,800	Fair Market Value
(2)	Alpha Omicron Properties	i	226,818	Fair Market Value
(3)	Alpha Omicron Properties	i	175,428	Fair Market Value
(4)	Alpha Omicron Properties	i	84,000	Fair Market Value
(5)	Alpha Omicron Properties	i	85,230	Fair Market Value
(6)	Alpha Omicron Properties	i	140,371	Fair Market Value

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
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 or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b		X
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d	X	
e Loans or loan guarantees by other organization(s)	1e	X	
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i	X	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	X	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
n Sharing of paid employees	1n	X	
o Reimbursement paid to other organization for expenses	1o	X	
p Reimbursement paid by other organization for expenses	1p	X	
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		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	(d) Method of determining amount involved
(1)	Alpha Omicron Properties	i	108,492	Fair Market Value
(2)	Alpha Omicron Properties	i	116,603	Fair Market Value
(3)	Alpha Omicron Properties	i	119,390	Fair Market Value
(4)	Alpha Omicron Properties	i	229,500	Fair Market Value
(5)	Alpha Omicron Properties	d	37,918	Fair Market Value
(6)	Alpha Omicron Properties	d	95,005	Fair Market Value

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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 or (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	(d) Method of determining amount involved
(1)	Alpha Omicron Properties	d	3,200,623	Fair Market Value
(2)	Alpha Omicron Pi Fraternity, Inc.	n	69,822	Fair Market Value
(3)	Alpha Omciron Properties	d	100,000	Fair Market Value
(4)	Omicron Corporation	b	90,000	Fair Market Value
(5)	Alpha Omicron Pi Fraternity, Inc.	c	87,000	Fair Market Value
(6)				

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Forms **990 / 990-PF**

Mortgages and Other Notes Payable

For calendar year 2010, or tax year beginning 07/01/10 , and ending 06/30/11

2010

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)	Note payable 1	
(2)	Note payable 2	
(3)	Note Payable 3	
(4)	Note payable 4	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)			07/01/15	15 years, LIBOR +120bps	1.440
(2)			07/01/13	Monthly payment of $26,872	6.170
(3)			06/01/16	15 years, LIBOR +210bps	2.340
(4)				5 annual pmts. of $87,500	5.000
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)	All assets of AOII properties	Mortgage
(2)		Mortgage
(3)	All assets of AOII Properties	
(4)	2nd lien on real estate	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)			3,275,636
(2)			3,391,666
(3)			2,033,129
(4)			379,129
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals			9,079,560

Federal Statements

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

Business Name	Address	EIN
Alpha Chi Chapter	1566 Normal Drive	61-6037498
Alpha Delta Chapter	Po Box 1880	63-0518914
Alpha Gamma Chapter	820 NE Campus St	91-6054199
Alpha Lambda Chapter	102 Olympic Blvd	58-0643611
Alpha Nu Chapter	505 Ramapo Valley Road	45-3022177
Alpha Phi Chapter	1119 S. 5Th Ave.	81-0105370
Alpha Psi Chapter	440 Student Services	91-2125355
Alpha Theta Chapter	1220 1St Ave Ne	23-7086679
Beta Gamma Chapter	333 Charles St	23-7046541
Beta Phi Chapter	1415 North Jordan	35-0867577
Beta Zeta Chapter	1000 Chastain Rd., Md 0501, Bld 5,	35-2383889
Chi Epsilon Chapter	84 E 15Th Ave	31-1376016
Chi Lambda Chapter	2032 Lincoln Avenue	23-7025674
Chi Phi Chapter	471 University Parkway	68-0621496
Chi Psi Chapter	1264 Foothill Blvd.	77-0095808
Chi Theta Chapter	Nsu Mail Services Box #27 600 N Gra	73-1517555
Delta Beta Chapter	P.O. Box 44823	72-6027675
Delta Chapter	25 Whitfield Road	04-2998098
Delta Delta Chapter	Box 3, Magnolia Hall201 Wire Road	63-2050521
Delta Epsilon Chapter	Box 3009, 700 Pelham Rd. N.	63-1011097
Delta Kappa Chapter	1 Brookings Drive, Campus Box 1068	30-0534293
Delta Lambda Chapter	Greek Center 4225 University Ave	35-2312647
Delta Omega Chapter	2040 University Station	61-6034662
Delta Pi Chapter	100 A Panhellenic	43-6051568
Delta Psi Chapter	1400 Washington Ave	91-1923726
Delta Rho Chapter	2250 N Sheffield Ave Ste. 201	36-4080691
Delta Sigma Chapter	408 S. 8Th St	77-0289117
Delta Tau Chapter	704 John Wright Dr. NW Suite A	45-3021984
Delta Theta Chapter	P.O. Box 424308 Twu	75-2041588
Delta Xi Chapter	5500 Wabash Ave	35-2271579
Epsilon Alpha Chapter	15 Hiester Hall	23-2110212
Epsilon Chi Chapter	Campus Box 8687	56-1536463
Epsilon Gamma Chapter	1838 8th Avenue	84-1535755
Epsilon Omega Chapter	302 Weil Lane	61-1202412
Epsilon Sigma Chapter	906 N 20Th St	37-1383689
Gamma Alpha Chapter	4400 University Dr.	54-1174926
Gamma Chapter	6 Penobscot Hall University Of Main	01-6019037
Gamma Delta Chapter	U-1178 University Of South Alabama	23-7026776

Federal Statements

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

Business Name	Address	EIN
Gamma Omicron Chapter	819 W. Panhellenic Drive	59-0651128
Gamma Sigma Chapter	33 Gilmore Street	58-0643611
Gamma Theta Chapter	4202 E Fowler Ave, Ctr 246	65-0334813
Iota Chapter	706 S. Mathews Ave	37-6058640
Iota Sigma Chapter	2007 Greeley Street	42-0947006
Kappa Alpha Chapter	Lincoln Quad, Box 166	35-6065243
Kappa Chi Chapter	Nsu Box 4449	73-1337094
Kappa Gamma Chapter	111 Lake Hollingsworth Drive	59-6144062
Kappa Kappa Chapter	4805 N. Tillotson Ave.	35-6041571
Kappa Omega Chapter	368 Rose Street	54-1199586
Kappa Omicron Chapter	2000 North Parkway	62-6047311
Kappa Rho Chapter	1500 Fraternity Village Drive	38-2703146
Kappa Sigma Chapter	410 S. 3rd Street	39-1711427
Kappa Tau Chapter	Slu 11665	72-6027722
Lambda Alpha Chapter	1950 3Rd St.	38-3752879
Lambda Beta Chapter	3980 E. 8Th Street	95-2397136
Lambda Chi Chapter	601 Broad Street	23-7360815
Lambda Eta Chapter	10326 42nd Avenue, Grand Valley Apa	38-2798519
Lambda Omicron Chapter	1 Cumberland Square	62-1799350
Lambda Sigma Chapter	1190 South Milledge Avenue	58-1598179
Lambda Tau Chapter	P.O. Box 7524	72-6022463
Lambda Upsilon Chapter	107 Hill Drive, Building 107 Lehi	23-2301038
Mu Lambda Chapter	1000 Holt Ave. -2363	03-0416890
Nu Beta Chapter	250 Rebel Dr	64-0413632
Nu Omicron Chapter	2415 Kensignton Place	62-0998415
Omega Chapter	176A Richard Hall - 501 S. Oak Stre	31-6050641
Omega Omicron Chapter	303 Cloverdale	62-6046772
Omega Upsilon Chapter	8 Church Stret	31-1227005
Omicron Chapter	1531 Cumberland Avenue	62-6051674
Phi Beta Chapter	100 Prospect Street. University Cen	23-7062590
Phi Chi Chapter	1414 East 59th Street	36-3377896
Phi Sigma Chapter	1701 University Dr, Pod C	23-7086675
Pi Alpha Chapter	Sac W310 University Of Louisville	31-1038534
Pi Delta Chapter	4517 College Ave	52-0856415
Pi Theta Chapter	9012 Lake Park Circle S	59-3688651
Rho Beta Chapter	910 West Franklin Street	32-0211454
Rho Delta Chapter	800 Lakeshore Drive	63-1145420

Federal Statements

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

Business Name	Address	EIN
Rho Omicron Chapter	Mtsu Box 613, 1301 E Main Street	62-1235379
Sigma Alpha Chapter	5390 Virginia Way	55-0658678
Sigma Beta Chapter	5600 City Avenue, Campion Hall	52-2454465
Sigma Chapter	2311 Prospect Street	94-6101862
Sigma Chi Chapter	17 Maple Street	15-0572089
Sigma Delta Chapter	1500 East Fairview Ave	63-0698283
Sigma Gamma Chapter	Asu Box 8959	36-4641700
Sigma Omicron Chapter	PO Box 928	71-6057354
Sigma Phi Chapter	9210 Zelzah Ave	95-2461032
Sigma Rho Chapter	1 Morrow Way	23-7004114
Sigma Tau Chapter	Washington College, 300 Washington	52-6070830
Tau Chapter	1121 Fifth Street Se	41-0120314
Tau Delta Chapter	900 Arkadelphia Rd Box 108	63-6045609
Tau Gamma Chapter	320 College Ave	91-1618250
Tau Lambda Chapter	19 North Earl Street	25-1502007
Tau Omega Chapter	300 N Broadway	61-1152003
Tau Omicron Chapter	213 Boling University Center	38-6118732
Theta Beta Chapter	8000 York Rd, Sga Office, PO Box 40	52-1535839
Theta Chi Chapter	3609 Peters Ave Pmb 1525	42-6090024
Theta Omega Chapter	809 W Riordan Rd Ste 100 #255	86-6052457
Theta Pi Chapter	1 Campus Rd #113	23-7306840
Theta Psi Chapter	3100 Village Loop	34-6556112
Upsilon Lambda Chapter	C/O Sao Aoii 1 Utsa Circle	31-0983063
Xi Chapter	1411 Elm Avenue	73-1651030
Xi Omicron Chapter	712 W. Maple Street	77-0665311
Zeta Chapter	1541 S Street	47-6030295
Zeta Pi Chapter	1400 University Blvd Box 62	63-0966009
Zeta Psi Chapter	805 Johnston Street	58-0816303
Alpha Chi Corporation	5390 Virginia Way	31-0980375
Alpha Delta Corporation	5390 Virginia Way	63-0518914
Alpha Gamma Corporation	5390 Virginia Way	91-6035164
Alpha Lambda Corporation	5390 Virginia Way	58-1813179
Alpha Nu Corporation	5390 Virginia Way	45-3022247
Alpha Phi Corporation	5390 Virginia Way	81-6014300
Alpha Psi Corporation	5390 Virginia Way	34-1612736
Alpha Theta Corporation	5390 Virginia Way	42-1051931

Federal Statements

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

Business Name	Address	EIN
Beta Gamma Corporation	5390 Virginia Way	38-2830113
Beta Phi Corporation	5390 Virginia Way	35-6007534
Beta Zeta Corporation	5390 Virginia Way	36-0623191
Chi Epsilon Corporation	5390 Virginia Way	31-1363913
Chi Lambda Corporation	5390 Virginia Way	35-6042299
Chi Phi Corporation	5390 Virginia Way	03-0603547
Chi Psi Corporation	5390 Virginia Way	77-0149941
Chi Theta Corporation	5390 Virginia Way	73-1529301
Delta Corporation	5390 Virginia Way	04-2998098
Delta Beta Corporation	5390 Virginia Way	23-7446818
Delta Delta Corporation	5390 Virginia Way	63-0772064
Delta Epsilon Corporation	5390 Virginia Way	63-1023489
Delta Kappa Corporation	5390 Virginia Way	30-0553478
Delta Lambda Corporation	5390 Virginia Way	35-2312633
Delta Omega Corporation	5390 Virginia Way	61-0847225
Delta Pi Corporation	5390 Virginia Way	23-7116888
Delta Psi Corporation	5390 Virginia Way	36-4662944
Delta Rho Corporation	5390 Virginia Way	38-3806742
Delta Sigma Corporation	5390 Virginia Way	77-0167938
Delta Tau Corporation	5390 Virginia Way	45-3022096
Delta Theta Corporation	5390 Virginia Way	75-1973652
Delta Upsilon Corporation	5390 Virginia Way	58-1431198
Delta Xi Corporation	5390 Virginia Way	36-4603709
Epsilon Alpha Corporation	5390 Virginia Way	23-7115303
Epsilon Chi Corporation	5390 Virginia Way	56-1560713
Epsilon Corporation	5390 Virginia Way	16-1416176
Epsilon Gamma Corporation	5390 Virginia Way	84-1535755
Epsilon Omega Corporation	5390 Virginia Way	61-1117830
Epsilon Sigma Corporation	5390 Virginia Way	37-1390535
Gamma Corporation	5390 Virginia Way	01-0345989
Gamma Alpha Corporation	5390 Virginia Way	56-1244888
Gamma Delta Corporation	5390 Virginia Way	63-1052001
Gamma Omicron Corporation	5390 Virginia Way	59-6169196
Gamma Sigma Corporation	5390 Virginia Way	23-7384699
Gamma Theta Corporation	5390 Virginia Way	65-0176027
Iota Corporation	5390 Virginia Way	37-6034025
Iota Sigma Corporation	5390 Virginia Way	23-7137535

Federal Statements

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

Business Name	Address	EIN
Kappa Alpha Corporation	5390 Virginia Way	35-6022575
Kappa Chi Corporation	5390 Virginia Way	04-3621433
Kappa Gamma Corporation	5390 Virginia Way	65-0350928
Kappa Kappa Corporation	5390 Virginia Way	35-6037105
Kappa Omega Corporation	5390 Virginia Way	31-1040166
Kappa Omicron Corporation	5390 Virginia Way	62-6046636
Kappa Rho Corporation	5390 Virginia Way	38-2703146
Kappa Sigma Corporation	5390 Virginia Way	52-1830878
Kappa Tau Corporation	5390 Virginia Way	23-7164965
Lambda Alpha Corporation	5390 Virginia Way	83-0474525
Lambda Beta Corporation	5390 Virginia Way	46-0474128
Lambda Chi Corporation	5390 Virginia Way	58-1750325
Lambda Eta Corporation	5390 Virginia Way	38-2912240
Lambda Omicron Corporation	5390 Virginia Way	62-1817904
Lambda Iota Corporation	5390 Virginia Way	95-3263646
Lambda Sigma Corporation	5390 Virginia Way	58-1598179
Lambda Tau Corporation	5390 Virginia Way	23-7368057
Lambda Upsilon Corporation	5390 Virginia Way	91-1923724
Mu Lambda Corporation	5390 Virginia Way	04-3631875
Nu Beta Corporation	5390 Virginia Way	64-0820041
Nu Omicron Corporation	5390 Virginia Way	62-0112853
Omega Corporation	5390 Virginia Way	31-0360591
Omega Omicron Corporation	5390 Virginia Way	62-6046772
Omega Upsilon Corporation	5390 Virginia Way	31-1237595
Omicron Corporation	5390 Virginia Way	62-6044153
Phi Beta Corporation	5390 Virginia Way	23-7356480
Phi Chi Corporation	5390 Virginia Way	36-3459586
Phi Sigma Corporation	5390 Virginia Way	51-0211350
Pi Alpha Corporation	5390 Virginia Way	91-1923722
Pi Delta Corporation	5390 Virginia Way	52-0597976
Phi Delta Corporation	5390 Virginia Way	39-1532918
Phi Upsilon Corporation	5390 Virginia Way	35-6065247
Pi Theta Corporation	5390 Virginia Way	58-2614249
Rho Beta Corporation	5390 Virginia Way	35-2311160
Rho Delta Corporation	5390 Virginia Way	63-1154738
Rho Omicron Corporation	5390 Virginia Way	62-1213381
Sigma Corporation	5390 Virginia Way	94-0276950

Federal Statements

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

Business Name	Address	EIN
Sigma Alpha Corporation	5390 Virginia Way	55-0675824
Sigma Beta Corporation	5390 Virginia Way	51-0577197
Sigma Chi Corporation	5390 Virginia Way	16-6052202
Sigma Delta Corporation	5390 Virginia Way	63-0885066
Sigma Gamma Corporation	5390 Virginia Way	32-0278627
Sigma Omicron Corporation	5390 Virginia Way	71-6066577
Sigma Phi Corporation	5390 Virginia Way	95-6206232
Sigma Rho Corporation	5390 Virginia Way	23-7425246
Sigma Tau Corporation	5390 Virginia Way	52-1067065
Tau Corporation	5390 Virginia Way	36-3585969
Tau Delta Corporation	5390 Virginia Way	23-7327007
Tau Gamma Corporation	5390 Virginia Way	91-1440036
Tau Lambda Corporation	5390 Virginia Way	31-1127750
Tau Omega Corporation	5390 Virginia Way	61-1102879
Tau Omicron Corporation	5390 Virginia Way	62-0984564
Theta Beta Corporation	5390 Virginia Way	25-1532804
Theta Chi Corporation	5390 Virginia Way	32-0301511
Theta Omega Corporation	5390 Virginia Way	86-0712496
Theta Pi Corporation	5390 Virginia Way	13-6162700
Theta Psi Corporation	5390 Virginia Way	34-6609166
Upsilon Lambda Corporation	5390 Virginia Way	47-0814205
Xi Corporation	5390 Virginia Way	71-0885775
Xi Omicron Corporation	5390 Virginia Way	83-0474870
Zeta Corporation	5390 Virginia Way	47-6030295
Zeta Pi Corporation	5390 Virginia Way	63-1075612
Zeta Psi Corporation	5390 Virginia Way	58-1373398
Acadiana Alumnae	1309 E. Butcher Switch Road	62-1766373
Alaska Alumnae	341 Fireoved Drive, #3	37-1571557
Ann Arbor Alumnae	41601 Bemis Rd	20-1497357
Athens Alumnae	421 Hampton Court	61-1543766
Atlanta Alumnae	3605 Portico Point	58-6055905
Austin Alumnae	2407 Silent Brook Trail	74-6079549
Baltimore Alumnae	2243 Wonderview Road	52-6047089
Baton Rouge Alumnae	5225 Woodlake Dr	23-7059956
Birmingham Alumnae	1106 Kingsbury Avenue	63-6050834
Bloomington Alumnae	5390 Virginia Way	23-7009709

Federal Statements

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

Business Name	Address	EIN
Bloomington Normal Alumnae	5390 Virginia Way	23-7360800
Boston Alumnae	565 Columbus Avenue	04-6074033
Bowling Green Alumnae	513 Muirfield Circle	23-7033019
Bozeman Alumnae	997 Landmark Dr	30-0524822
Bucks County Alumnae	375 Thompson Mill Road	23-2984943
Buffalo Alumnae	2845 Genesee Street	16-1549715
Central CT Alumnae	1159 Highland Ave 19B	32-0307331
Central Iowa Alumnae	5390 Virginia Way	30-0517172
Central Kentucky Bluegrass Alumnae	4057 Mooncoin Way Apt 2103	32-0079878
Central New Jersey Alumnae	7033 Hunt Drive	51-0626868
Central New Mexcio Alumnae	4108 North Pole Loop Ne	85-0458453
Champaign-Urbana Alumnae	1411 Peters Drive	37-6061823
Charleston Alumnae	108 Clarendon Court	57-1091124
Charlotte Alumnae	14104 Green Birch Drive	56-1904902
Chicago City Alumnae	2148 W. Cornelia Ave Apt 1W	23-7027215
Chicago North Shore Alumnae	1295 Lincoln Ave. South	36-4610074
Chicago NW Suburban Alumnae	304 Cobblestone Ct	36-6139714
Chicago South Suburban Alumnae	6615 W 21St Street	36-6079824
Chicago West Suburban Alumnae	1020 Longmeadow Lane	36-6110014
Cleveland East Alumnae	17666 Snyder Road	23-7360806
Cleveland West Alumnae	4702 Broadale Road	34-1909882
Columbus Alumnae	1559 Sotherby Crossing	31-6049452
Dallas Alumnae	7913 Arbor Glen Trail	23-7291217
Dayton Alumnae	1018 West Lake Avenue	31-6050595
Dearborne Alumnae	20665 West River Dr.	38-6090745
DeKalb Kane Alumnae	731 Buttonwood Lane	36-4663057
Delaware Alumnae	442 Douglas D Alley Drive	59-3796322
Denver Alumnae	7363 S Monaco St	84-6035092
Detroit North Suburban Alumnae	917 Candlestick Court	38-6118730
East Bay Alumnae	55 Selborne Drive	94-6101860
Evansville Tri-State Alumnae	2722 Wayside Drive	35-6043904
Fort Lauderdale Alumnae	3480 NE 30 Avenue	38-3788201
Grand Rapids Alumnae	5390 Virginia Way	37-1586173
Greater Erie Alumnae	5123 Kates Way	80-0701327
Greater Greenville Alumnae	102 Oak Hill Lane	35-2361845
Greater Harrisburg Alumnae	7935 Devonshire Heights Road	23-7360813
Greater Jackson, MS Area Alumnae	5390 Virginia Way	36-4645016

Federal Statements

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

Business Name	Address	EIN
Greater Kansas City Alumnae	15732 S. Summertree	23-7082623
Greater Lee County Alumnae	5415 Sw 22nd Ave	26-0099954
Greater Los Angeles Alumnae	4530 Woodley Avenue	95-4326140
Greater Miami Alumnae	3306 NW 3rd Ave	56-2572661
Greater Pensacola Alumnae	5390 Virginia Way	51-0168350
Greater Pinellas Alumnae	3072 Keene Park Drive	23-7361242
Greater Portland Alumnae	PO Box 1073	06-1625441
Hammond Area Alumnae	21 White Dr	36-4662939
Houston Alumnae	2803 Henkel Lane	74-6061792
Huntsville Alumnae	10025 Meredith Ln	23-7003888
Indianapolis Alumnae	15941 Tenor Way	35-6021754
Ithaca Alumnae	5390 Virginia Way	61-1571941
Jonesboro Alumnae	303 Cloverdale	71-6060721
Kalamazoo Area Alumnae	130 Hidden Forest Rd.	36-4669828
Kearney Alumnae	3908 Linden Drive	23-7290304
Kentuckiana Alumnae	4101 Dienes Way	61-6034363
Kentucky Lakes Alumnae	6520 Candlelight Drive	61-1315168
Knoxville Alumnae	858 Weatherly Hills Blvd	62-6047967
Lake County Alumnae	1071 Deertail Drive	35-1404249
Las Vegas Alumnae	7224 Royal Melbourne Dr	23-7222243
Lehigh Valley Alumnae	128 North Hills Rd.	38-3793208
Lexington Alumnae	3574 Vince Road	51-0156774
Lincoln Alumnae	5521 NW 3rd Street	47-6033085
Little Rock Alumnae	4818 Glen Valley Drive	23-7222244
Long Beach/South Bay Alumnae	P.O. Box 5645	33-0830953
Long Island Alumnae	7 Shady Lane	23-7109133
Macomb County Alumnae	3721 Knightbridge Circle	23-7124768
Madison Area Alumnae	1628 Waunona Way	39-1893685
Memphis Area Alumnae	2080 Nelson Ave	51-0145885
Middle Georgia Alumnae	5390 Virginia Way	58-2579123
Milwaukee Area Alumnae	2049 Wichita Lane	39-6078364
Minneapolis/St. Paul Alumnae	189 Peninsula Road	41-6040756
Mississippi Gulf Coast Alumnae	13125 Tyler Circle	30-0590134
Mobile Alumnae	5390 Virginia Way	26-0069783
Monroe Alumnae	P.O. Box 14482	72-6030381
Montgomery Alumnae	5390 Virginia Way	63-6056607
Muncie Alumnae	1502 N. Christopher Ct.	35-6056277

Federal Statements

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

Business Name	Address	EIN
Nashville Alumnae	211 Union St, #1104	62-6051668
New Orleans Area Alumnae	700 Commerce Street, Unit 213	86-1065789
North Texas Alumnae	11500 Cactus Springs Drive	32-0248734
Northeast Oklahoma/NW Arkansas Alumnae	5390 Virginia Way	65-1197451
Northern Central Valley Alumnae	2900 Omega Way	35-2317432
Northern KY Alumnae	100 Greenbriar Ave.	61-1143736
Northern Orange County Alumnae	6340 Fairlynn Blvd.	51-0136481
Northern Virginia Alumnae	8401 Highland Lane	54-6052649
NY Capital Alumnae	16 Corina Court	06-1637221
NY NJ Metro Alumnae	C/O Bridget Scanlon (Treasurer) 27	22-6063196
NYC Alumnae	1285 Ave. Of The Americas Bbdo 5th	61-1562818
Oklahoma City Metro Area Alumnae	301 Victory Ct	35-2379913
Omaha Alumnae	5390 Virginia Way	47-6032500
Orlando Area Alumnae	1231 Lake Piedmont Circle	23-7305827
Palm Beach County Alumnae	94 Hickory Hill Road	23-7361235
Palo Alto Alumnae	2031 El Sereno Ave	94-6132527
Palouse Area Alumnae	202 Ryde Rd.	82-0409444
Philadelphia Alumnae	726 Liberty Road	23-6295844
Phoenix Alumnae	15550 N. Frank Lloyd Wright Blvd Un	86-6053019
Piedmont Alumnae	5692 Windyke Drive	61-1570560
Portland	5390 Virginia Way	93-6031906
Reno/Tahoe Alumnae	5390 Virginia Way	61-1593502
Richmond Alumnae	11049 Palmwood Circle	36-4610969
Rochester Alumnae	501 Plank Road	30-0569810
Rocky Mountain Alumnae	685 Mansfield Drive	35-2291735
Salt Lake Alumnae	5390 Virginia Way	87-0685802
San Antonio Alumnae	Po Box 17123	23-7176089
San Diego Alumnae	3316 52nd Street	95-6097941
San Fernando Valley Alumnae	6628 Wood Lake Avenue	95-6092774
San Francisco Alumnae	1339 Valley Ave	32-0217238
San Gabriel Valley Alumnae	5390 Virginia Way	95-4716560
San Jose Alumnae	20132 Knollwood Drive	37-1571404
San Mateo Alumnae	1311 Montero Avenue	94-6132528
Santa Barbara Alumnae	192 Nogal Drive	26-0970105
Sarasota Area Alumnae	4444 N Winston Lane	54-2080117
Seattle Alumnae	4113 Linden Ave. North #304	91-6055563
Southern Orange County Alumnae	2181 Maple Ct.	23-7304345

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

Business Name	Address	EIN
St. Louis Alumnae	014845 Pheasant Hill Ct	43-6068478
State College Alumnae	620 Holly Court	23-7361238
Suburban Maryland Alumnae	4704 Simms Avenue	26-0063546
Tallahassee Alumnae	1617 Branch Street	61-1618468
Tampa Bay Alumnae	12708 Eagles Entry Dr.	59-3542561
Terre Haute Alumnae	1750 N Main St.	30-0514243
Toledo Area Alumnae	5325 Westcroft Drive	35-2336170
Triangle Alumnae	76527 Rice	31-0983057
Tucson Alumnae	8860 East Windflower Drive	86-6051435
Tulsa Alumnae	5390 Virginia Way	73-6102887
Tuscaloosa Alumnae	6309 Cashmere Place	31-0983056
Upstate SC Alumnae	2 Winter Brook Lane	32-0302929
Ventura County Alumnae	5128 Marlin Way	31-1040167
Virginia Tidewater Alumnae	929 Graydon Avenue	54-1227053
Williamsburg Alumnae	5390 Virginia Way	31-1576337
Winston-Salem Area Alumnae	6923 Harper Valley Lane	56-2011746

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
Interest on Chapter loans	$ 6,806					
Properties investment income	31,324					
Total	$ 38,130					

Federal Statements

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Scholarships	$ 49,967	$ 49,967	$	$
Standards	49,804	49,804		
Miscellaneous Properties	49,802	49,802		
Awards/academic devt.	39,291	39,291		
Ritual	34,572	34,572		
Visitor expense	29,271	29,271		
Bad debt Properties	27,600	27,600		
Flowers and gifts	25,216	25,216		
Bank Fees Properties	20,000	20,000		
Bad debt expense	18,025	18,025		
Education	14,865	14,865		
Income tax expense	221	221		
Total	$ 358,634	$ 358,634	$ 0	$ 0