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, Form 990

Department of the Treasury

### **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.

Open to Public

Inter		NU Sorvice		The organization may r					adottame	116.	1:20 mishe	PROUNTAGE
A	For th	e 2011 c	alendar year, or ta	x year beginning 0	7/01/11	, and ending	06/30/	12				
	Check if a	pplicable.	C Name of organization	Alpha Omi	cron Pi E	raternity	, Inc.		D	Employ	er identification m	mber
-	Address (	hango		Group Ret	urn							
二			Oolng Business As		<del></del>					23-	7046541	
$\equiv$	Name cha	ange	Number and street (or	r P.O. box if mail is not defivere	erenbbe seess of b	)		Room/auto	E	Telepho	one number	
	Initial retu	rn	5390 Virg	inis Waw						615	370-09	20
	Terminate	ed.	City or town, state or		<del></del>			1				
=					TN 37	027					23 C	82,779
	Amended	ratum	Brentwood  F Name and address of		IN 37	021		<del></del>	160	iross rece	25/	-
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				rginia Way				H/M An	u oli offiliates	Included	, [] Y	es X No
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,		npl slatus:			(insert no.)	4947(a)(1) or	527					00
' <u>J</u>	Website			micronPi.or	T-4-				oup exempti	on numbe		.90
, एक्ट		rganization:		Trust Association	Other		L	Year of formation	i).		M State of legal do	urcje,
	ert I		mmary									
2 5 838	111	Briefly de	scribe the organizat	tion's mission or most s	ignificant activi	tles:	······	· · · · · · · · · · · · · · · · · · ·				
	] .			board as well				hapter	and H	ousi	ng	
Tang C	1 .	Corp	orations of	Alpha Omicro	n Pi Frat	ernity, I	nc.					· · · · ·
- E	1.									^ \ 		<i></i>
lïIAI ∨ 0 \$ Governance	2	Check thi	s box 🕨 🔛 if the	organization discontinue	ed Its operation	s or disposed o	more than 25%	% of its net a	ssets.	. ,		
= 46	3 (	Numbero	f voting members of	of the governing body (F	Part VI, line 1a)					3	12	
	4 1	Number o	findependent votin	ng members of the gove	rning body (Pa	rl VI, line 1b)	12	. <b>()</b> 17		4	12	
내 문				mployed in calendar ye			COLL ALK	Z. 1. 73	ua	5	0	
SUMMED Activities	1				-		<u> </u>		1	6	400	
نتي ع	7a	Total unre	lated business reve	estimate if necessary) enue from Part VIII, colo	ımın (C)./line 1:	D'TEBL				7a	6	4,141
3	ы	Net unrela	ated business taxab	ole income from Form b	90-T. line 34 =	TVED		******	4, 9, 10, 1	-76		0
<u>n</u> —	1								or Year		Current Y	
ø	8 (	Contributi	ons and grants (Pa	rt VIII, line 1h) art VIII, line 2g)					154,			B,206
Revenue	9 1	Program :	service revenue (Pa	art VIII, line 2g)	WAIT	X.5619		20,	169,			5,024
Reve				, column (A), lines 3, 4,		THE PRINTING	۲		_38,			6,247
œ	11 0	Other rev	enue (Part VIII, colu	umn (A), lines 5, 6d, 8c,	Bc, 10c, and it	IDEN			432,	373	-80	9,023
				hrough 11 (must equal)				20,	794,	693	22,13	0,454
				paid (Part IX, column (A					427,	582		0
!				ers (Part IX, column (A)						0		0
ses	1 4	Salaries.	other compensation	n, employee benefits (P	art IX. column (	A), lines 5–10)		1,	501,	099	1,58	8,086
	16a	Profession	nal fundraising fees	(Part IX, column (A), Il	ne 11e)	, ,,			<del></del>	0		0
出産	h.	Cotal fund	Irelsino expenses (F	Part IX, column (D), Ilne	251	••••••	0			23000		
J.J.N. UATE Exper	17			umn (A), lines 11a-11d.	444.64			16	810,	557	20.24	5,440
				⊢17 (must equal Part I)		,	•••••		739,			3,526
Ξ						ma 25)			055,			6,928
• -	19 I	KOVONUB	iess expenses. Suu	ptract line 18 from line 1	<u> </u>			Beginning			End of Y	
Assets or Balances	20 7	Total asse	ets /Parl X line 16)	••••••					363,			2,221
F 32	24	Fotal Kabi	litles (Port Y line 26	3)	••••••	• • • • • • • • • • • • • • • • • • • •	••••••		514,		15,41	
\$ 5	EL .	let secet	o or find between	Subtract line 21 from the	· · · · · · · · · · · · · · · · · · ·				849,			3,007
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CI.		<del> </del>	anature of officer	19 (1) us	-00C					Date	7/12-	
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Use	Only	1		.0 Premiere		e 200			İ			
		Firm's add	mas Dul	uth, GA 30	097				Phone	по.	678-240	
May	the IR	S discuss	this return with the	preparer shown above	? (see Instructi	ons)			.,,		X Ye	
				see the separate ins							Form	990 (2011)

	990 (2011) Alpha Omicron		23-7046541	
Pai	t III * Statement of Program		in this Dart III	П
1	Briefly describe the organization's mission	tains a response to any question	III (IIIS FAIL III	
P:	rovide room & board	as well as support t	o members of Chapte	r and Housing
C	orporations of Alpha	Omicron Pi Fraterni	ty, Inc.	
2	Did the organization undertake any signific	ant program services during the year whi	ch were not listed on the	
	pnor Form 990 or 990-EZ?	Notice de de la C		Yes X No
	If "Yes," describe these new services on 3 Did the organization cease conducting, or		acts, any program	
	services?	a.e e.g.means energee an new a conse	(e.e., e.e., program	Yes X No
	If "Yes," describe these changes on Sche			
	Describe the organization's program service expenses Section 501(c)(3) and 501(c)(4	•		
	grants and allocations to others, the total			
	(Code ) (Expenses \$	including grants of		
	romote a spirit of f imes for character,			
	or and support the b			
C	hapters are installed	d, and in no way dis	regard, injure, or	sacrifice those
	nterests for the sak	∍ of prestige or adv	ancement of the Fra	ternity or any
0	f its Chapters.			
				,
45	(Code ) (Evnemen &	unal idina aronto of	Payan	· · · · · · · · · · · · · · · · · · ·
40	(Code ) (Expenses \$	including grants of	\$ ) (Revenu	) 
4c	(Code ) (Expenses \$	including grants of	\$ ) (Revenu	ne \$ )
		· · · · · · · · · · · · · · · · · · ·		
4d	Other program services (Describe in Sch	•		
40	(Expenses \$  Total program service expenses ▶	including grants of \$	) (Revenue \$	)
DAA	Total program service expenses			Form <b>990</b> (2011)

	1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			x
2	complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	х	
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		х
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		
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 for which 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	Х	
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 temporarily restricted			
	endowments, permanent endowments, 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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44.	x	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a	<del>^</del>	
	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	110		
•	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
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
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
4-	foreign investments valued at \$100,000 or more? 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			3.5
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
10	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	4.		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16	-	X
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	47	ľ	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		Λ
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	İ	x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-10		47
	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	The state of the s		<sub>2</sub> 990	·

	if ty Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	- 1		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	_26_		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (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		Х
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	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	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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	х	
				•

Pa	' Statements Regarding Other IRS Fillings and Tax Compliance Check if Schedule O contains a response to any question in this Part V				X
	Official in Confederate a respective to any queeties to any			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0 Г			
b		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c		
2a					
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0	- 1	- 1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a		-	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	-	3b	Х	
4a					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		4a	х	
<b>b</b>	account)?  If "Yes," enter the name of the foreign country ▶ Canada		<del></del> a		<b></b>
þ	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		- 1		
5a			5a		x
b			5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	Ţ			
	organization solicit any contributions that were not tax deductible?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?	_	6b		
7	Organizations that may receive deductible contributions under section 170(c).				İ
а			1		
	and services provided to the payor?	-	7a		
b		-	7b		<u> </u>
С			70		
4	required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year   7d	-	7c		<b></b>
d e			7e		ľ
f			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as i	required?	7g		
h		·	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	Ī			
	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		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?	_	9a		
b	, , , , , , , , , , , , , , , , , , , ,	-	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter	404 405			
a	<del></del>	494,485			
b 44	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]				
11 a	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders   11a				
b					
	against amounts due or received from them)				
12a	· · · · · · · · · · · · · · · · · · ·		12a		
b		F			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O	Γ			
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				
С	<del></del>				<u> </u>
14a		<u> </u>	14a		X
b_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		Щ_

Form 990 (2011) Alpha Omicron Pi Fraternity, Inc. 23-7046541 Page 6 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 Section A. Governing Body and Management Yes No 12 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 12 b Enter the number of voting members included in line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, X affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c Х 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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 **b** Other officers or key employees of the organization 15b 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 X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,

State the name, physical address, and telephone number of the person who possesses the books and records of the

and financial statements available to the public during the tax year

organization > Roger M. Gallivan, CPA

5390 Virginia Way

Brentwood

TN 37027

404-384-6736

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DAA

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	bo. off	x, unle	sspe ndad	ition more rson is	than on s both a or/trustee	an e)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(VF2 TO35-MISC)	organization and related organizations
(1) Allison Allgier										
Intl. President	15.00	X		X				0	0	0
(2) Krista Malmquist	Whipple								_	
VP- Finance	10.00	X		X				0	0	0
(3) Susan Danko										
Vice President	10.00	X						0	0	0
(4) Gayle Fitzpatrio	k									
Vice President	10.00	X						0	0	0
(5) Karen Galehan										
Vice President	10.00	X				]]		0	0	0
(6) Kandyce Morgan I	arber									
Vice President	10.00	X						0	0	0
(7) Rebecca Admire I	erman				-					
Vice President	10.00	X			L			0	0	0
(8) Joyce Bryan Stro	ut	_						-		
Vice President	10.00	X						0	0	0
(9) Janette B. Tessn	er									
President-Properties	10.00	X		X				0	. 0	0
(10) Cathy Andrews						П				
Vice President	8.00	X		X	<u></u>			0	0	0
(11) Lisa T. Hauser										
Director- properties	8.00	X						0	0	0
(12) Linda Collier										
Direcor- properties	8.00	X			L			0	0	0
(13) Troylyn LeForge						1 T				
Exec. Director	20.00			X				0	103,102	3,900
(14)										
									L	

3-7046541			_		_			
	₹,	-7	n	4	۶	5	1	1

Page 8

Pai	t VII Section A. Officers	, Directors, Trus	tees	s, Ke	у Е	mple	yees	, ar	nd Highest Compensated	Employees (continued)			
,	• (A) Name and title	(B) Average hours per week (describe hours for	bo of	x, unle ficer a	Pos check ess pe nd a	more rson i directo	than o s both or/truste	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the		
		related organizations in Schedule O)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organi and r organia	elated	
(15)													
(16)													
(17)													
(18)		-											
(19)													
(20)													
(21)													_
(22)													
(23)	··			-									
(24)													
(25)											<del></del>		
1b c	Sub-total Total from continuation shee	te to Part VII S	octic	n A	<u> </u>	<u> </u>	·	<b>&gt;</b>		103,102		3,	900
d 	Total (add lines 1b and 1c)  Total number of individuals (inc					listor	d aho	<u>▶</u>	who received more than \$1	103,102		3,	900
_	reportable compensation from	-		0		113101						\ <b>\ \ r</b>	L
3	Did the organization list any for employee on line 1a? If "Yes,"							ploy	vee, or highest compensated		3	Yes	No X
4	For any individual listed on line organization and related organi.	1a, is the sum of	f rep	ortal	ole c	omp	ensat			n the	- 3		
5	individual  Did any person listed on line 1									dıvıdual	4	-	X
Sec	for services rendered to the org tion B. Independent Contract		s," c	ompl	ete S	Sche	dule	J fo	r such person		5		<u> </u>
1	Complete this table for your five compensation from the organization	ation_Report con	nsate npen	ed inc satio	depe n for	nder the	nt cor caler	ntrac ndar	ctors that received more than year ending with or within t	n \$100,000 of he organization's tax year			
		(A) business address								(B) on of services		(C) compensat	on
_F1	L Management, LLC canklin	TN	3	70	<u>69</u>	202		N	eldstone Parkway, Management			174	1,846
	nLogic, LLC umming	GA	. 3	00		603	80 E		thelview Road, Su Accounting	ite 406		105	5,046
2	Total number of independent or received more than \$100,000 or	=	-						listed above) who	2			
DAA											F	m 990	0 (2011)

		(2011) Alpha Omicr		Pi Fi	raternit	cy, Inc.	23-7046541		Page 9
Pa	rt V	III ' Statement of Reve	nue_						
	•					(A) Total revenue	(B) Related or	(C) Unrelated	( <b>D)</b> Revenue
							exempt function	business revenue	excluded from tax under sections
							revenue		512 513 or 514
at st	1a	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b			ļ			
A, (	C	Fundraising events	1c			ļ			
뜷崮	d	Related organizations	1d					İ	
S.E	е	Government grants (contributions)	1e_						
o r	f	All other contributions, gifts, grants,							
둁		and similar amounts not included above	1f		178,206				
	g	Noncash contributions included in lines 1a-	<b>1</b> f	\$					
용	h	Total. Add lines 1a-1f			<b>•</b>	178,206			
a					Busn Code		İ		
Ş.	2a	Housing Program Fee:	3		713990	11,554,064	11,554,064		
윤	b	Member Dues & Asses	sments	3	531110	7,711,317	7,711,317		
<u>ÿ</u> .	С	Other Program Reven	ıe		713990	2,436,821	2,436,821		
	d	Leadership Fees			531110	534,879	534,879		
Ē	е	Management Fees			713990	457,110	457,110		
Program Service Revenue	f	All other program service rever	nue		531110	20,833	20,833		
ď	g	Total. Add lines 2a-2f			<b></b>	22,715,024	•	· *	
	3	Investment income (including of	dividend	ls, interes	t,				
		and other similar amounts)			▶	19,476	o	19,476	
	4	Income from investment of tax-	-exemp	t bond pro	oceeds ►				
	5	Royalties	•	•	▶ [				
		(i) Real	(II) <b>I</b>	Personal					
	6a	Gross rents 322	,460						
			,795			-			
-		· —	, 665						
		Net rental income or (loss)			<b>•</b>	44,665	o	44,665	
		79 Cross amount from		Other		-		· · · · · · · · · · · · · · · · · · ·	
		sales of assets other than inventory		``	26,771				
	b	Less cost or other							
	_	basis & sales exps.							
	c	Gain or (loss)			26,771				
		Net gain or (loss)		1	<u> </u>	26,771	İ		26,771
		Gross income from fundraising ever	nte			20,7,7			
enne	Ju	(not including \$	۳.						
Ş		of contributions reported on line 1c)							
8		See Part IV, line 18	а						
Other Rev	h	Less direct expenses	b h						
ŏ		Net income or (loss) from fund	~ (	events					
		Gross income from gaming activitie		CVCIIIS		· · · · · · · · · · · · · · · · · · ·			
	- Ju	See Part IV, line 19	ا م						
	h	Less direct expenses	b				i		
		Net income or (loss) from gam	~ (	untino.					
			ing acti	villes				-	
	iva	Gross sales of inventory, less			F07 346				
		returns and allowances	a	-	527,346				
		Less cost of goods sold	b		674,530	147 104	147 104		
ŀ	<u> </u>	Net income or (loss) from sales  Miscellaneous Revenue	OT INV	entory	Bunn Cuit	-147,184	-147,184		<del></del>
}	44	<del></del>			Busn Code	22-			**=
]	11a	Miscellaneous			713990	207			207
	b	Swap Loss			900001	-706,711			-706,711
	C	***							<del></del>
		All other revenue			L				
		Total. Add lines 11a-11d			▶  _	-706,504			
	12	Total revenue. See instruction	IS		<b>&gt;</b>	22,130,454	22,567,840	64,141	-679,733

### 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)

	Check if Schedule O contains a response	to any question in this Part	IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	107,002			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 160 000			
7	Other salaries and wages	1,460,993			
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	4 164			
9	Other employee benefits	4,164		· · " , ·-	
10	Payroll taxes	15,927	· · · · ·		
11	Fees for services (non-employees)	650,905			
a b	Management Legal	27,644			
C	Accounting	229,875			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	646,778			
12	Advertising and promotion	282,078			
13	Office expenses	1,174,921			
14	Information technology	88,242			
15	Royalties		<del></del>		
16	Occupancy	7,358,058			
17	Travel	47,889			
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	398,138			
19 20	Conferences, conventions, and meetings Interest	525,002	<del></del>		
21	Payments to affiliates	323,002	····		
22	Depreciation, depletion, and amortization	1,483,842			<del> </del>
23	Insurance	2,100,012	•		
24	Other expenses Itemize expenses not covered				<del></del>
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Recruiting	2,590,598	····· - ··· -		
b	Social Expenses	2,469,871			
C	Miscellaneous	1,417,645			
d	Dues	648,407			
	All other expenses	205,547 21,833,526	0		0
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	21,033,320	0		, 0
70	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ► If following SOP 98-2 (ASC 958-720)				
	1000 000 1Ed]	·	_	·	000

	art X	( ' Balance Sheet	Initely, inc. 23	-7040341		Page II
F_(	<u> </u>	C Dalance Officet		(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest bearing	<del></del>	3,196,687	1	8,506,621
	2	Savings and temporary cash investments		2,793,194	2	3,606
	3	Pledges and grants receivable, net		2,133,134	3	3,000
	4	Accounts receivable, net		1,368,641	4	687,660
	5	Receivables from current and former officers, directors, t	rustoos kov	1,500,041	-4-	007,000
	້	employees, and highest compensated employees Compl	•			
		Schedule L	ete i ait ii oi		5	
	6	Receivables from other disqualified persons (as defined in	under section		-	
	້	4958(f)(1)), persons described in section 4958(c)(3)(B), a				
		employers and sponsoring organizations of section 501(c	-			
		employees' beneficiary organizations (see instructions)	(a) Voluntary		6	
Assets	7	Notes and loans receivable, net			7	752,163
As	8	Inventories for sale or use			8	732,103
	9	Prepaid expenses and deferred charges		20,929	9	118,063
		Land, buildings, and equipment cost or	1 1	20,323	- 3	120,005
		other basis Complete Part VI of Schedule D	10a 41,713,861			
	ь	Less accumulated depreciation	10b 11,209,753	28,284,717	10c	30,504,108
	11	Investments—publicly traded securities	100 22/200/:00	20,201,727	11	30/301/200
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		934,263	13	
	14	Intangible assets		331/203	14	
	15	Other assets See Part IV, line 11		765,143	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34	)	37,363,574	16	40,572,221
	17	Accounts payable and accrued expenses		418,699	17	1,925,789
	18	Grants payable			18	
	19	Deferred revenue			19	_
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
10	22	Payables to current and former officers, directors, trustee				
Liabilities		employees, highest compensated employees, and disqua	•			
abil		Complete Part II of Schedule L	·		22	
Ξ	23	Secured mortgages and notes payable to unrelated third	parties	9,079,560	23	13,266,349
	24	Unsecured notes and loans payable to unrelated third pa	rties	•	24	
	25	Other liabilities (including federal income tax, payables to	related third	-		
		parties, and other liabilities not included on lines 17-24)	Complete Part X			
		of Schedule D		3,015,969	25	227,076
	26	Total liabilities. Add lines 17 through 25		12,514,228	26	15,419,214
		Organizations that follow SFAS 117, check here ▶	and complete			
98		lines 27 through 29, and lines 33 and 34.				
Balances	27	Unrestricted net assets		24,849,346	27	25,153,007
Ва	28	Temporarily restricted net assets			28	
ī	29	Permanently restricted net assets			29	-
Ę		Organizations that do not follow SFAS 117, check he	ere 🕨 🔝 and			
S O		complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			_30	
As	31	Paid-in or capital surplus, or land, building, or equipment	fund		31	
Net Assets or Fund	32	Retained earnings, endowment, accumulated income, or	other funds		32	
_	33	Total net assets or fund balances		24,849,346	33	25,153,007
	34	Total liabilities and net assets/fund balances		37,363,57 <b>4</b>	34	40,572,221

Form **990** (2011)

Form	990 (2011) Alpha Omicron Pi Fraternity, Inc. 23-7046541			Pa	ge <b>12</b>
Pa	rt XI ` Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				⊥□
	1				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,13		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>21,83</u>		
3	Revenue less expenses Subtract line 2 from line 1	3		96,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,84		
5	Other changes in net assets or fund balances (explain in Schedule O)	5		6,	<u>733 </u>
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	25,1	<u>53,(</u>	007
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				⅃Ҵ
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual X Other Modified-Ca	ısh	[]		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				ĺ
	Schedule O		i l		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>x</u>
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				ĺ
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		1 1		1
	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		ļ
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		

Form **990** (2011)

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public

Inspection

Employer identification number Name of the organization Alpha Omicron Pi Fraternity, Inc. 23-7046541 Group Return 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. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 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? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2¢ 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? 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 Assets included in Form 990, Part X

Sche	dule D (Form 990) 2011 _Alpha Omio	cron Pi 1	Frater	nity,	Inc.	23-70465	41	Page <b>2</b>
Pa	art III · Organizations Maintaining	Collections of	f Art, Hi	storical Tr	easures, o	r Other Simila	ar Assets	(continued)
3	'Using the organization's acquisition, accession, collection items (check all that apply)	and other records	s, check an	y of the follow	ving that are a	significant use of	ıts	
а	X Public exhibition	аΓ	Loan or	exchange pro	ograms			
b	H: ::::::::::::::::::::::::::::::::::	e	Other		<b>3</b> . <b>-</b>			
c		- 1						
4	Provide a description of the organization's colle	ctions and explain	n how they	further the or	ganization's ex	empt purpose in F	Part	
	XIV		•		<b>9</b>			
5	During the year, did the organization solicit or r					ılar		Yes X No
De	art IV Escrow and Custodial Arra					word "Voe" to	Form 000	
га	art IV Escrow and Custodial Arra line 9, or reported an amount				iizalion ans	weieu ies it	יוווט זיל	), Fail IV,
10	Is the organization an agent, trustee, custodian				other genete a	ot	<del></del>	
14	included on Form 990, Part X?	or other intermed	diary for cor	inipulions of	otrier assets ri	OI.		Yes No
<b>.</b>	· ·	ad complete the f	ollovana tob	la				☐ 1es ☐ No
b	If "Yes," explain the arrangement in Part XIV ar	id complete the i	ullowing tab	ie .				Amount
^	Beginning balance						1c	7 ariodik
ر ا	Additions during the year						1d	<del></del>
	Distributions during the year						1e	<del></del>
_							1f	
f 2a	Did the organization include an amount on Forr	n 000 Part V line	212					Yes No
	If "Yes," explain the arrangement in Part XIV	11 990, Part A, IIIR	3217					☐ fes ☐ No
	art V Endowment Funds. Comple	ete if the organ	nization a	nswered "\	Ves" to For	m 990 Part IV	line 10	
	Lindownione i diedoi dompie	(a) Current year		) Pnor year	(c) Two year		ree years back	(e) Four years back
1a	Beginning of year balance		<del>                                     </del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(4,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Contributions							
	Net investment earnings, gains, and				<del>                                     </del>			
٠	losses		1		1	l		
м	Grants or scholarships				<del> </del> -	<del></del>		<del> </del>
	Other expenditures for facilities and				<del> </del>	<del></del>		<del> </del>
٥	programs		1			Ì		Ì
•	Administrative expenses	<del> </del>	+		<del>                                     </del>			<del></del>
	End of year balance	<del></del>			<del> </del>			1
2	Provide the estimated percentage of the curren	t year end haland	o (line 1a d	odumn (a)) h				
-	Board designated or quasi-endowment	" year end balanc	e (iiie ig, t	Joiumii (a)) n	ciu as			
h	Permanent endowment > %	70						
	Temporarily restricted endowment	%						
·	The percentages in lines 2a, 2b, and 2c should							
3a	Are there endowment funds not in the possessi	•	ation that ai	e held and a	dministered for	r the		
	organization by	ion of the organiz	ation that a	C ricia aria a	diffinistered for	uic		Yes No
	(i) unrelated organizations							3a(i) 103
	(ii) related organizations							3a(ii)
h	If "Yes" to 3a(ii), are the related organizations li	sted as required a	on Schedule	. ₽2				3b
4	Describe in Part XIV the intended uses of the	•						<u> </u>
	art VI Land, Buildings, and Equip				e 10.			
	Description of property	(a) Cost or oth			other basis	(c) Accumulate	d	(d) Book value
		(investme	nt)	(oth	ner)	depreciation		, ,
1a	Land	1			98,099	<del></del>		298,099
	Buildings				15,762	11,209	,753	30,206,009
	Leasehold improvements				<u> </u>		<del></del>	
	Equipment							
	Other							<del></del>
	I. Add lines 1a through 1e (Column (d) must equ	ual Form 990, Par	rt X, column	(B), line 10(c			•	30,504,108

Part VII · Investments—Other Securities. See Form 990	, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of	valuation
(including name of security)		Cost or end-of-year	market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)		<u></u>	
(B)			
(C)			
(D)			
(E)			<u> </u>
( <del>F</del> ) .			
(G)			
(H)		· · · · · · · · · · · · · · · · · · ·	<del></del>
(I)			
Total. (Column (b) must equal Form 990, Part X. col (B) line 12 )  Part VIII Investments—Program Related. See Form 990	) Part Y line 13		
(a) Description of Investment type	(b) Book value	(c) Method of	valuation
(a) Description of integration type	(b) Book Value	Cost or end-of-yea	
(1)	<del>                                     </del>	<del></del>	<del></del> -
(2)			<del> </del>
(3)			
(4)			
(5)	<del>                                     </del>		<del></del>
(6)		<del></del>	
(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)			
	· · · · · · · · · · · · · · · · · · ·		
(7)	<del></del>		
(8)			
(9)			<del></del>
(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		<u> </u>	
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes	(b) Book Value		
(2) Interest rate swap	196,476		
(3) Deposits held	30,600		
(4)	33,333		
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	227,076		

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)

Sche	dule D (Form 990) 2011 Alpha Omicron Pi Fraternity,		23-704654:		
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Financial Stateme	ents	
1 '	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements			_1_	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 29 from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
C	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			_5_	
<u>Pa</u>	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per R	eturr	1
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				
а	Donated services and use of facilities	_2a			
þ	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	( )		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
C	Add lines 4a and 4b			4c	
_5_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			_5	
Pa	rt 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 III, Line 4 - Collections and Relation to Exempt Purpose The Fraternity preserves and displays the organization's historical items for all members to see and understand the history of the organization.

Part XIV Supplemental Information (continued)

Schedule D (Form 990) 2011 Alpha Omicron Pi Fraternity, Inc. 23-7046541 Schedule D (Form 990) 2011

Page 5

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

2011

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization

Alpha Omicron Pi Fraternity, Inc Group Return Employer identification number 23-7046541

Amended Return Explanation

Subsequent to filing the original Form 990, the public accountant noted the affiliate activity was not included in original return. As such, the following schedules and related changes are as follows:

Form 990, Part VIII, Page 9:

Line 1f,2a-f,3,5,10,11a,11b

Form 990, Part IX, Page 10:

Line 5,7,9,10,11a,11b,11c,11g,12,13,14,16,17,19,20,22,24a-24e

Form 990, Part X, Page 11:

Line 1,2,4,7,8,9,10,11,13,15,16,17,19,23,25,26,27,28,33,34

Form 990, Schedule D, Part VI:

Line 1a,1b,1c,1d and related columns

Form 990, Schedule D, Part VIII:

Line 1

Form 990, Schedule D, Part X:

Line 2, 3

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

Alpha Omicron Pi Fraternity Group Return consolidates all the income and expenses for the various Chapters of Alpha Omicron Pi Fraternity and Alpha Omicron Pi Properties. Any Unrelated Business Income Tax is reported and filed on an individual basis on individual Form 990-T if the filing threshold is satisfied.

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.

Alpha Omicron Pi International outsources the accounting to a consulting firm, FinLogic LLC, to facilitate financial management.

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

Alpha Omicron Pi Fraternity, Inc.

Employer Identification number 23-7046541

activities of individual Chapters.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Form 990 is prepared by an independent CPA Firm and reviewed by the organization's top management. The reviewed Form 990 is then forwarded to the board of directors for review prior to filing.

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

Board of Directors are required to review and sign a conflict of interest

questionnaire annually. The controller regularly reviews these annual

questionnaires to ensure that conflicts of interest are not present.

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 Method

Parent organization has filed a consolidated return

Form 990, Part VII - Group Return Explanation Form 990, Page 7, Section A, Line 1a

Since there are several hundred individual chapters and corporations each with its own board, it is impracticable to provide a list of subordinate officers and directors. Accordingly, the Fraternity and Property board of directors and officers are reported on this return only. The subordinate schedule of officers and directors will

Alpha Omicron Pi Fraternity, Inc.

Employer Identification number 23-7046541

Page 2

be provided upon request.

AOIIGR11 Alpha Omicron Pi Fraternity, Inc. 23-7046541 FYE: 6/30/2012

### 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	1 - 603749
Chi	390	1 - 098037
Alpha Delta Chapter	o Box	3-051891
Alpha Delta Corporation	390 Vi	3-051891
Gamma	20 NE Campus	1-605419
Gamma	390 Virginia	1-603516
Alpha Lambda Chapter	02 Olympi	3-064361
Lambda	390	3-181317
Nu Chap	05 Ramapo	5-302217
	390 Virgi	5-302224
Phi	119 S. ŠTh A	1 - 010537
Psi	40 Stı	1–212535
Psi	390	4-161273
Thet	220	3-708667
Theta	390 Virgin	2-105193
Gamma C	33 Charles St	3-704654
Gamma	390	3-283011
Phi Ch	415 North Jor	5-086757
Beta Phi Corporation	390 Virginia	5-600753
Beta Upsilon Chapter	150 Douglas Pike	5-522563
Zeta Cha	000	5-238388
Beta Zeta Corporation	390 Virg	6-062319
Chi Epsilon Chapter	4 E	1-137601
	390	1–136391
Lambda C	032 Lincoln A	3-702567
Chi Lambda Corporation	390	5-604229
Chi Phi Chapter	71 C	8-062149
	390 Virgi	3-060354
Psi	264 Foothill Blvd.	7-009580
Chi Theta Chapter	su Mail Servi	3-151755
Chi Theta Corporation	390 Virginia	3-152930
Beta	.O. Box 44823	2-602767
Delta Beta Corporation	390 Virginia	3-744681
Chapt	5 Whitfield R	4-299809
Corpor	Virgini	4-299809
	01 Wire Road	3-205052
Epsilo	3009, 700 Pelham Rd. N.	63-1011097
Delta Kappa Chapter	l brookings Urive, Campus Box 1068	0-033423

## AOIIGR11 Alpha Omicron Pi Fraternity, Inc.

23-7046541 FYE: 6/30/2012

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

Business Name	Address	EIN
Delta Kappa Corporation	5390 Virginia Way	0-055347
æ	Greek Center 4225 University Ave	5-231264
Delta Lambda Corporation	irginia	5-231263
Delta Omega Chapter	2040 University Station	1 - 603466
	5390 Virginia Way	1 - 084722
Cha	Panhel1	3-605156
Delta Pi Corporation	irginia	3-711688
Psi	ashingto	1 - 192372
Psi	irginia	6-466294
Rho	Sheffie	6-408069
Rho	5390 Virginia Way	8-380674
	408 S. 8Th St	7-028911
Sigma	5390 Virginia Way	7-016793
Delta Tau Chapter	nn Wrigh	5-302198
Delta Tau Corporation	ırginia	5-302209
Delta Theta Chapter	P.O. Box 424308 Twu	5-204158
Delta Theta Corporation	irginia	5-197365
Cha	abash At	5-227157
Delta Xi Corporation	irgir	6 - 460370
K	15 Hiester Hall	3-211021
	Вох	6-153646
chi	5390 Virginia Way	6-156071
Epsilon Gamma Chapter	1838 8th Avenue	4 - 153575
Gamma	5390 Virginia Way	4-153575
Omega	il Lane	1 - 120241
Omega	5390 Virginia Way	1-111783
Epsilon Sigma Chapter	906 N 20Th St	7-138368
Epsilon Sigma Corporation	5390 Virginia Way	7-139053
lpha Ch	niversity D	4-117492
Gamma Chapter	oscot Ha	1 - 601903
Gamma Corporation	irginia Way	1-034598
Gamma Delta Chapter	University Of	3-702677
Omicron	Panhel]	9-065112
Omicro	ia Wa	59-6169196
Sigma	nore Str	8-064361
Sigma	irginia Way	3-738469
Gamma Theta Chapter		5-U3348I

AOIIGR11 Alpha Omicron Pi Fraternity, Inc. 23-7046541 FYE: 6/30/2012

Information	
Return	
Group	•
<b>Affiliated</b>	
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Business Name	Address	EN
17°	5390 Virginia Wav	65-0176027
Gallula Illeca COLPOLACIOLI Tota Chanter	06 S. Mathews	-605864
	390 Virginia Way	7-603402
	007 Greeley S	2-094700
Sigma	390 Virginīa	3-713753
	inco	5-606524
Alpha	390 Virginia	5-602257
chi ch	su B	3-133709
Chi	390 Virginia	1-362143
Gamm	11 I	9-614406
Gamma	390 Virginia Way	5-035092
Kappa	805	5-604157
Kappa	390 Virg	5-603710
Omega	68 R	1-119958
Omega	390	1-104016
Omicro	000 North	2-604731
Omicron	390 Virginia W	2-604663
Rho Chap	500 Frater	3-270314
Rho	390 Vi	3-270314
Sigm	10 S. 3rd Stre	9-171142
Sigma	390	2-183087
Tau Ch	lu 11	2-602772
ď	950 3Rd	3-375287
Alpha	390 Virginia	3-047452
Beta C	980 E. 8Th St	5-239713
Lambda Beta Corporation	390 Virginia	6-047412
Lambda Chi Chapter	01 Broad Stre	3-736081
Lambda Chi Corporation	390 Virginia Way	8-175032
Lambda Eta Chapter	0326 42nd Ave	8-279851
Lambda Eta Corporation	390 Virg	8-29122
Lambda Omicron Chapter	Cuit	2-179935
ď	390 Virginia Way	2 - 181790
Lambda Sigma Chapter	190	8-159817
Sigm	390 Virgini	X-ISARI'
Tau	.0. Box /524	7-200774
Tau Corp	Virginia Way	- c
Lambda Upsılon Cnapter	0/ Hill Drive, Building	707077

AOIIGR11 Alpha Omicron Pi Fraternity, Inc. 23-7046541 FYE: 6/30/2012

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

Business Name	Address	N EIN
Lambda Upsilon Corporation	5390 Virginia Way	923
	oo morc ave. 239 90 Virginia Wav	-363187
	O Rebel Dr	-041363
Nu Beta Corporation	90 Virginia Wa	-082004
Nu Omicron Chapter	15 Kensignton Place	-099841
Omega Chapter	6A Richard H	-605064
Omega Gamma Corporation	90 Virginia	-522516
Omega Omicron Corporation	90 Virginia	-604677
Omega Sigma Chapter	1 Student Ur	-522516
Omega Upsilon Chapter	chn	-122700
Omega Upsilon Corporation	06	-123759
cron (	$\sim$	-605167
	O Prospec	-706259
Phi Chi Chapter	14	-337789
Phi Chi Corporation	90 Virgin	-345958
Phi Lambda Chapter	0	-431273
	90 Virginia	-431273
	01 Universit	-708667
	90 Virginia	-021135
ပ	c W310 Unive	-103853
Alpha	90 Virginia Way	-192372
Delta	17 College	-085641
Delta	90 Virginia	-059797
Theta (	12	-368865
Theta	90 Virgi	-261424
Beta	O West Frank	-021145
$\circ$	90 Virginia	-231116
	<pre>) Lakeshore Drive</pre>	-114542
	su Box 613,	-123537
micron	90 Virginia	-121338
Alpha	90 Virgini	-065867
Alpha	90 Virginia Way	-067582
Beta	00 City Avenu	-245446
	90 Virginia Way	-057719
Chap	11 Prospect S	-610186
gma	I/ Mapie Street	-05/208

## AOIIGR11 Alpha Omicron Pi Fratemity, Inc.

23-7046541 FYE: 6/30/2012

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

Business Name	Address	EIN
Sigma Chi Corporation	5390 Virginia Way	6-605220
Delta	00 East Fair	3-069828
Gamma	1 Box 8959	6-464170
Gamma	. 06	2-027862
Sigma Omicron Chapter	Bo:	1 - 605735
	90 Virgini	1 - 606657
	10	5-246103
Phi	90	5-620623
Rho	Morrow Way	3-700411
Sigma Rho Corporation	90 Virginia	3-742524
Sigma Tau Chapter	shington Col	2-607083
Sigma Tau Corporation	90 Virginia Way	2-106706
Tau Chapter	21 Fifth St	1 - 012031
Tau Corporation	2 06	6-358596
Tau Delta Chapter	) Arkadelphia	3-604560
Tau Gamma Chapter	College Ave	1 - 161825
Tau Gamma Corporation	90 Virginia	1 - 144003
Tau Lambda Chapter	North Earl S	5-150200
Lambda	90 Virginia	1 - 112775
Tau Omega Chapter	N Broadway	1 - 115200
	90 Virginia	1 - 110287
Tau Omicron Chapter	3 Boling Univ	8-611873
Tau Omicron Corporation	90 Virginia	2-098456
Theta Beta Chapter	00	2 - 153583
ø	90 Virginia	5-153280
chi c	19 Peters Ave	2-609002
	90 Vi	2-030151
Theta Iota Chapter	3 S Twins Oaks	5-522634
Theta Iota Corporation	90 V	5-522634
Theta Omega Chapter	9 W Riordan	6-605245
Ome	90 Virginia W	6-071249
Ρi	Campus Rd #1	3-730684
Pi (	90 Virginia	3-616270
si Chapt	00 Village L	4-655611
Lambda	Sao Aoi	1-098306
Upsılon Lambda Corporation	irginia	47-0814205
X1 Chapter	_	3-165103

AOIIGR I Alpha Omidon Priatemy, inc. 23-7046541 FYE: 6/30/2012	Federal Statements	2/6/2013 4:02 PM
Statement 1 - Form 990, Page 1	, Page 1, Line H(b) - Affiliated Group Return Information (continued).	ūο
Business Name	Address	EIN
er rat	5390 Virginia Way 712 W. Maple Street 5390 Virginia Way 1541 S Street 5390 Virginia Way 1400 University Blvd Box 62 5390 Virginia Way	71-0885775 77-0665311 83-0474870 47-6030295 47-6030295 63-0966009 58-1373398
	ons dominston street	000000000000000000000000000000000000000
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