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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314023852

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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

C Name of organization
ALPHA OMICRON PI PROPERTIES INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
5390 VIRGINIA WAY

City or town, state or country, and ZIP + 4
BRENTWOOD, TN 37027

D Employer identification number
51-0426239

E Telephone number
(615) 370-0920

G Gross receipts $ 1,975,723

F Name and address of principal officer
TROYLYN 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)

H(c) Group exemption number ▶

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 2005 | **M** State of legal domicile TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
ALPHA OMICRON PI PROPERTIES, INC PROVIDES HOUSING FOR THE UNDERGRADUATE CHAPTERS OF ALPHA OMICRON PI FRATERNITY, INC

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	6
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	6
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	45,135
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	41,865

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)		0
9	Program service revenue (Part VIII, line 2g)	2,154,016	2,343,326
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31,324	29,041
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	70,115	-663,639
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,255,455	1,708,728
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	246,595	238,844
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,907,676	1,758,649
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,154,271	1,997,493
19	Revenue less expenses Subtract line 18 from line 12	101,184	-288,765

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	21,821,176	21,879,030
21	Total liabilities (Part X, line 26)	10,118,338	10,458,224
22	Net assets or fund balances Subtract line 21 from line 20	11,702,838	11,420,806

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

****** | 2012-11-15
Signature of officer | Date

TROYLYN LEFORGE EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ ROGER M GALLIVAN	Date 2012-11-07	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ARNOLD GALLIVAN LEVESQUE PC 2810 PREMIERE PKWY STE 200 DULUTH, GA 30097			EIN ▶ Phone no ▶ (678) 240-2640

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

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

ALPHA OMICRON PI PROPERTIES, INC PROVIDES HOUSING FOR THE UNDERGRADUATE CHAPTERS OF ALPHA OMICRON PI FRATERNITY, INC

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 organization's program service accomplishments for each of its three largest program services, as measured 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 ENCOURAGE A SPIRIT OF FRATERNITY & LOVE AMONG ITS MEMBERS, PROMOTE INTEGRITY, DIGNITY, SCHOLARSHIP, & COLLEGE LOYALY, SUPPORT THE BEST INTEREST OF THE COLLEGES AND UNIVERSITIES IN WHICH CHAPTERS ARE INSTALLED PART OF THE UNDERGRADUATE EXPERIENCE IS TO COME TOGETHER IN FELLOWSHIP AND THE HOUSING IS THE FOCAL POINT FOR ACTIVITY OF A CHAPTER

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		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
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		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
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		No
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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
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	Yes	
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		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	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 foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
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*	17		No
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		No
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

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**		No
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**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**		No
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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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**		
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 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**		No
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**		No
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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
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**	Yes	
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**		No
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**	Yes	

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**	14		
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**		Yes	
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**	0		
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	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**		Yes	
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 or securities account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ 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**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	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 organization solicit any contributions that were not tax deductible?	**6a**			No
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).**				
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**			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			
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**			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
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**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
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**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	**13a**			
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the aggregate amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6		
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		No
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	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
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

17 List the States with which a copy of this Form 990 is required to be filed ▶ TN

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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
(615) 370-0920

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 . . . . . .☐

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, and **current** key employees 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, or 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 or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) JANETTE B TESSMER BOARD PRESID	10 00	X		X				0	0	0
(2) REBECCA HERMAN DIRECTOR	8 00	X						0	0	0
(3) CATHY ANDREWS BOARD VICE P	8 00	X		X				0	0	0
(4) LISA T HAUSER DIRECTOR	8 00	X						0	0	0
(5) KRISTA M WHIPPLE BOARD TREASU	8 00	X		X				0	0	0
(6) LINDA COLLIER DIRECTOR	8 00	X						0	0	0
(7) TROYLYN LEFORGE EXECUTIVE DI	20 00			X				0	103,102	3,900

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶									103,102	3,900

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

			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*	**3**		No
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*	**4**		No
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*	**5**		No

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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CSL MANAGEMENT LLC 2020 FIELDSTONE PKWY STE 900-138 FRANKLIN, TN 37069	MANAGEMENT	174,846
FINLOGIC LLC 6030 BETHELVIEW ROAD SUITE 406 CUMMING, GA 30040	ACCOUNTING	105,046

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

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				
	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 . . . . . ▶				
		Business Code				
Program Service Revenue	2a	LEASE INCOME 531110	1,794,563	1,794,563		
	b	MANAGEMENT FEES 531110	457,110	457,110		
	c	MEMBER DUES & ASSESSMENTS 531110	70,820	70,820		
	d	INTEREST ON CHAPTER LOANS 531110	20,833	20,833		
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	2,343,326			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	2,270		2,270	
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents 309,860				
	b	Less rental expenses 266,995				
	c	Rental income or (loss) 42,865				
	d	Net rental income or (loss) . . . . . ▶	42,865		42,865	
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 26,771				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss) 26,771				
	d	Net gain or (loss) . . . . . ▶	26,771			26,771
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	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 / Business Code				
	11a	MISCELLANEOUS	207			207
	b	SWAP LOSS 900001	-706,711			-706,711
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	-706,504			
	12	**Total revenue.** See Instructions . . . ▶	1,708,728	2,343,326	45,135	-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 . . . . . ☐

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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	30,651			
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	188,102			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	4,164			
10	Payroll taxes	15,927			
11	Fees for services (non-employees)				
a	Management	217,426			
b	Legal				
c	Accounting	229,875			
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	43,448			
14	Information technology				
15	Royalties				
16	Occupancy	29,121			
17	Travel	29,721			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	355,429			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	639,295			
23	Insurance				
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	BAD DEBT EXPENSE	205,547			
b	REPAIRS & MAINTENANCE	5,344			
c	MISCELLANEOUS	3,443			
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	1,997,493	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		1,461,874	1	2,766,724
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		149,398	4	158,215
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	752,163
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 22,198,453			
	b	Less accumulated depreciation	10b 4,111,431	19,209,644	10c	18,087,022
	11	Investments—publicly traded securities			11	
	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			14	
	15	Other assets See Part IV, line 11		65,997	15	114,906
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		21,821,176	16	21,879,030
Liabilities	17	Accounts payable and accrued expenses		237,664	17	255,835
	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	
	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		9,079,560	23	9,975,313
	24	Unsecured notes and loans payable to unrelated third parties			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		801,114	25	227,076
	26	**Total liabilities.** Add lines 17 through 25		10,118,338	26	10,458,224
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		11,702,838	27	11,420,806
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			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		11,702,838	33	11,420,806
	34	Total liabilities and net assets/fund balances		21,821,176	34	21,879,030

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	1,708,728
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,997,493
3	Revenue less expenses Subtract line 2 from line 1	3	-288,765
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	11,702,838
5	Other changes in net assets or fund balances (explain in Schedule O)	5	6,733
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	11,420,806

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 51-0426239
Name: ALPHA OMICRON PI PROPERTIES INC

Form 990, Special Condition Description:

Special Condition Description

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314023852

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, 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

Name of the organization
ALPHA OMICRON PI PROPERTIES INC

Employer identification number
51-0426239

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 may 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's 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 the 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 Investment earnings or 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)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

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 property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	2,575,461			2,575,461
b Buildings	12,739,931		3,416,028	9,323,903
c Leasehold improvements	6,705,901		567,644	6,138,257
d Equipment	177,160		127,759	49,401
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				18,087,022

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		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should 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
Total. *(Column (b) should 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
Federal Income Taxes	
INTEREST RATE SWAP	181,476
DEPOSITS HELD	30,600
OTHER LIABILITIES	15,000
Total. *(Column (b) should 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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,708,728
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,997,493
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-288,765
4	Net unrealized gains (losses) on investments	4	6,733
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 - 8	9	6,733
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-282,032

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	1,982,456
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	6,733		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	266,995		
e	Add lines **2a** through **2d**			2e	273,728
3	Subtract line **2e** from line **1**			3	1,708,728
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 should equal Form 990, Part I, line 12)			5	1,708,728

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

1	Total expenses and losses per audited financial statements			1	2,264,488
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	266,995		
e	Add lines **2a** through **2d**			2e	266,995
3	Subtract line **2e** from line **1**			3	1,997,493
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 should equal Form 990, Part I, line 18)			5	1,997,493

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, 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

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	THE FRATERNITY RECOGNIZES THE TAX BENEFITS OF UNCERTAIN TAX POSITIONS ONLY WHERE THE POSITION IS "MORE LIKELY THAN NOT" TO BE SUSTAINED ASSUMING EXAMINATION BY TAX AUTHORITIES MANAGEMENT HAS ANALYZED THE FRATERNITY'S TAX POSITIONS AND HAS CONCLUDED THAT NO LIABILITY FOR UNRECOGNIZED TAX BENEFITS SHOULD BE RECORDED RELATED TO UNCERTAIN TAX POSITIONS TAKEN ON RETURNS FILED FOR THE OPEN TAX YEARS (YEARS ENDED JUNE 30, 2009, 2010, AND 2011), OR EXPECTED TO BE TAKEN IN THE FRATERNITY'S TAX RETURN FOR THE YEAR ENDED JUNE 30, 2012 THE FRATERNITY IDENTIFIES ITS MAJOR TAX JURISDICTIONS AS THE U S FEDERAL AND THE STATE OF TENNESSEE HOWEVER, THE FRATERNITY IS NOT CURRENTLY UNDER AUDIT NOR HAS THE FRATERNITY BEEN CONTACTED BY ANY OF THESE JURISDICTIONS THE FRATERNITY IS NOT AWARE OF ANY TAX POSITIONS FOR WHICH IT IS REASONABLY POSSIBLE THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL CHANGE IN THE NEXT TWELVE MONTHS
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	NON-MEMBER RENTAL EXPENSES NETTED WITH REVENUE 266,995 NON-MEMBER RENTAL EXPENSES NETTED WITH REVENUE -266,995
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	NON-MEMBER RENTAL EXPENSES NETTED WITH REVENUE 266,995
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	NON-MEMBER RENTAL EXPENSES NETTED WITH REVENUE 266,995

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314023852

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALPHA OMICRON PI PROPERTIES INC

Employer identification number
51-0426239

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990	FORM 990, PAGE 10- ALPHA OMICRON PI FRATERNITY, A RELATED TAX EXEMPT ORGANIZATION, FILES ALL OF THE FORM W-2S FOR ALPHA OMICRON PI PROPERTIES ACCORDINGLY, ALPHA OMICRON PI PROPERTIES ALLOCATES THE COMPENSATION BASED ON PERCENT OF TIME SERVED DURING THE TAX PERIOD BETWEEN BOTH ORGANIZATIONS
MANAGEMENT DELEGATED	FORM 990, PAGE 6, PART VI, LINE 3	FINLOGIC, LLC IS RETAINED AS AN OUTSOURCED CFO TO ASSIST WITH THE RECORDING AND REPORTING OF FINANCIAL OPERATIONS CONSISTANT WITH GAAP
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	THE EXECUTIVE BOARD OF ALPHA OMICRON PI FRATERNITY, INC HAS THE FOLLOWING AUTHORITY OVER THE GOVERNING BODY OF ALPHA OMICRON PI PROPERTIES, INC 1 APPOINT FIVE MEMBERS TO THE ALPHA OMICRON PI PROPERTIES, INC BOARD 2 REVIEW AND IF APPROVED BY AT LEAST A THREE-FOURTHS AFFIRMATIVE VOTE, AUTHORIZE THE RECEIPT, ALLOCATION, EXPENDITURE AND INVESTMENTS OF ALPHA OMICRON PI PROPERTIES, INC , SUBJECT TO THE PROVISIONS NOTED IN ARTICLE V SECTIONS 3B(4) AND (5) AND TO INSURE COMPLIANCE WITH INTERNAL REVENUE CODE RULINGS ON THE STATUS OF EACH TRUST, FUNDING, INVESTMENT VEHICLE(S) AND ACCOUNT(S) ESTABLISHED IN THE NAME OF ALPHA OMICRON PI PROPERTIES, INC 3 REVIEW AND IF APPROVED BY AT LEAST A THREE-FOURTHS AFFIRMATIVE VOTE, AUTHORIZE THE LOAN RECOMMENDATION(S) SUBMITTED BY ALPHA OMCIRON PI PROPERTIES, INC TO THE EXTENT THAT (I) ANY SUCH RECOMMENDATION INDIVIDUALLY EQUALS OR EXCEEDS THE AMOUNT OF FIFTY THOUSAND DOLLARS (II) MULTIPLE RECOMMENDATIONS, WHICH COLLECTIVELY TOTAL AN AMOUNT EQUAL TO OR EXCEEDING FIFTY THOUSAND DOLLARS WITHIN ANY SIXTY DAY PERIOD 4 REVIEW AND IF APPROVED BY ATLEAST THREE-FOURTHS AFFIRMATIVE VOTE, AUTHORIZE WITH RESPECT TO THE REAL PROPERTY UNDER THE CONROL OF ALPHA OMICRON PI PROPERTIES, INC (I) THE SALE OR PURCHASE OF SAID REAL PROPERTY (INCLUDING PURCHASES OF ADDITIONAL REAL PROPERTY) (II) THE PLACEMENT OR RESTRUCTURING OF MORTGAGES, LOANS, OR OTHER FINANCING AGAINST SAID REAL PROPERTY (III) THE PLEDGE OF THE PROPERTY AS SECURITY FOR DEBTS (IV) THE GRANT OF PURCHASE OPTIONS AGAINST SAID REAL PROPERTY 5 EXERCISE DILIGENCE IN FURTHERING THE GROWTH AND EXISTENCE OF ALPHA OMICRON PI PROPERTIES, INC BY WORKING TO ACHIEVE A TRANSFER OF ALL OTHER REAL PROPERTY INTERESTS, HOLDINGS, BOTH CURRENT AND FUTURE, INTO THE NAME AND UNDER THE CONTROL OF ALPHA OMCIRON PI PROPERTIES, INC
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	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
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	EMPLOYEES WILL SIGN A WRITTEN CONFLICT OF INTEREST POLICY AT THE DATE OF EMPLOYMENT AND REVISIT THE POLICY AT EACH ANNUAL REVIEW BOARD MEMBERS WILL SIGN AT THE FIRST BOARD MEETING AFTER THE ELECTION OF OFFICERS
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE PROPERTIES BOARD SELECTS THE DIRECTOR OF PROPERTIES SALARY AMOUNT IS DETERMINED BY BENCHMARKS SET FORTH BY THE NATIONAL PANHELLENIC CONFERENCE THE DIRECTOR'S SALARY IS APPROVED BY THE PROPERTIES BOARD THE COMPENSATION APPROVAL IS DOCUMENTED IN THE BOARD MINUTES
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE DIRECTOR OF PROPERTIES DETERMINES SALARIES FOR OTHER EMPLOYEES THE AMOUNT OF SALARIES IS THEN APPROVED BY THE BOARD OF DIRECTORS
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE GOVERNING DOCUMENTS ARE AVAILABLE ONLY TO ALPHA OMICRON PI MEMBERS ON A PRIVATE WEBSITE THE FINANCIAL STATEMENTS ARE ALSO ONLY AVAILABLE TO ALPHA OMICRON PI MEMBERS VIA EMAIL

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314023852

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

2011

Open to Public Inspection

Name of the organization
ALPHA OMICRON PI PROPERTIES INC

Employer identification number
51-0426239

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on 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 organization	
						Yes	No
See Additional Data Table							

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on 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) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on 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			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r		No

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) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 51-0426239
Name: ALPHA OMICRON PI PROPERTIES INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
ALPHA CHI 1566 NORMAL DRIVE BOWLING GREEN, KY 42101 31-0980375	FRATERNAL	KY	7		PROPERTIES	Yes	
ALPHA DELTA 740 COLONIAL DRIVE TUSCALOOSA, AL 35486 63-0518914	FRATERNAL	AL	7		PROPERTIES	Yes	
ALPHA GAMMA 820 NE CAMPUS STREET PULLMAN, WA 99163 91-6035164	FRATERNAL	WA	7		PROPERTIES	Yes	
ALPHA LAMBDA 102 OLYMPIC BLVD STATESBORO, GA 30458 58-1813179	FRATERNAL	GA	7		PROPERTIES	Yes	
ALPHA NU 505 RAMAPO VALLEY RD MAHWAH, NJ 07430 45-3022247	FRATERNAL	NJ	7		PROPERTIES	Yes	
ALPHA OMICRON PI FRATERNITY INC 5390 VIRGINIA WAY BRENTWOOD, TN 37037 62-0950113	FRATERNAL	TN	7		N/A		No
ALPHA PSI 440 SADDLEMIRE BLDG BOWLING GREEN, OH 43403 34-1612736	FRATERNAL	OH	7		PROPERTIES	Yes	
ALPHA THETA COLLEGE FIRST AVE NE CEDAR RAPIDS, IA 52402 42-1051931	FRATERNAL	IA	7		PROPERTIES	Yes	
BETA GAMMA 333 CHARLES STREET EAST LANSING, MI 48823 38-2830113	FRATERNAL	MI	7		PROPERTIES	Yes	
BETA KAPPA 2770 WESTBROOK CRESCENT VANCOUVER CA	FRATERNAL	CA			PROPERTIES PROPERTIES	Yes	
BETA PHI 1415 N JORDAN AVE BLOOMINGTON, IN 47406 35-6007534	FRATERNAL	IN	7		PROPERTIES	Yes	
BETA TAU 24 MADISON AVENUE TORONTO CA	FRATERNAL	CA			PROPERTIES	Yes	
BETA ZETA 1000 CHASTAIN ROAD KENNESAW, GA 30144 36-0623191	FRATERNAL	GA	7		PROPERTIES	Yes	
CHI EPSILON 84 EAST 15TH AVE COLUMBUS, OH 43201 31-1363913	FRATERNAL	OH	7		PROPERTIES	Yes	
CHI LAMBDA 2032 LLINCOLE AVE EVANSVILLE, IN 47714 35-6042299	FRATERNAL	IN	7		PROPERTIES	Yes	
CHI PHI 4085 CALDERWOOD DRIVE AIKEN, SC 29801 03-0603547	FRATERNAL	SC	7		PROPERTIES	Yes	
CHI THETA 600 NORTH GRAND AVENUE TAHLEQUAH, OK 74464 73-1529301	FRATERNAL	OK	7		PROPERTIES	Yes	
DELTA 25 WHITFIELD RD SOMERVILLE, MA 02144 04-2998098	FRATERNAL	MA	7		PROPERTIES	Yes	
DELTA BETA PO BOX 44823 LAFAYETTE, LA 70504 23-7446818	FRATERNAL	LA	7		PROPERTIES	Yes	
DELTA KAPPA 39 RIDGEMOOR CLAYTON, MO 63105 30-0553478	FRATERNAL	MO	7		PROPERTIES	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
DELTA LAMBDA 57 LEE ROAD COLUMBUS, GA 31807 35-2312633	FRATERNAL	GA	7		PROPERTIES	Yes	
DELTA OMEGA 2040 UNIVERSITY STATION MURRAY, KY 420713301 61-0847225	FRATERNAL	KY	7		PROPERTIES	Yes	
DELTA PI A110 PANHELLENIC HALL WARRENSBURG, MO 64093 23-7116888	FRATERNAL	MO	7		PROPERTIES	Yes	
DELTA PSI 16 CORINA COURT WATERVLIET, NY 121891135 36-4662944	FRATERNAL	NY	7		PROPERTIES	Yes	
DELTA RHO 2250 N SHEFFIELD AVE ROOM 201 CHICAGO, IL 606143673 38-3806742	FRATERNAL	IL	7		PROPERTIES	Yes	
DELTA SIGMA 408 S 8TH STREET SAN JOSE, CA 951123835 77-0167938	FRATERNAL	CA	7		PROPERTIES	Yes	
DELTA TAU 704 JOHN WIGHT DRIVE HUNTSVILLE, AL 35899 45-3022096	FRATERNAL	AL	7		PROPERTIES	Yes	
DELTA THETA PO BOX 424308 DENTON, TX 762044308 75-1973652	FRATERNAL	TX	7		PROPERTIES	Yes	
DELTA XI 5500 WABASH AVE TERRE HAUTE, IN 478033920 36-4603709	FRATERNAL	IN	7		PROPERTIES	Yes	
EPSILON CHI 100 CAMPUS DRIVE ELON, NC 272449423 56-1560713	FRATERNAL	NC	7		PROPERTIES	Yes	
EPSILON GAMMA 1838 8TH AVENUE GREELEY, CO 806315693 84-1535755	FRATERNAL	CO	7		PROPERTIES	Yes	
EPSILON OMEGA 521 LANCASTER AVENUE RICHMOND, KY 404753100 61-1117830	FRATERNAL	KY	7		PROPERTIES	Yes	
EPSILON SIGMA 1810 LIND STREET QUINCY, IL 623012219 37-1390535	FRATERNAL	IL	7		PROPERTIES	Yes	
GAMMA 6 PENOBSCOT HALL ORONO, ME 044690001 01-0345989	FRATERNAL	ME	7		PROPERTIES	Yes	
GAMMA CHI 30 BUJOLD COURT KANATA CA	FRATERNAL	CA			PROPERTIES	Yes	
GAMMA OMICRON 819 WEST PANHELLENIC DRIVE GAINESVILLE, FL 326017864 59-6169196	FRATERNAL	FL	7		PROPERTIES	Yes	
GAMMA SIGMA 33 GILMER STREET ATLANTA, GA 303033044 23-7384699	FRATERNAL	GA	7		PROPERTIES	Yes	
GAMMA THETA 4202 EAST FOWLER AVENUE TAMPA, FL 336209951 65-0176027	FRATERNAL	FL	7		PROPERTIES	Yes	
IOTA 706 S MATHEWS URBANA, IL 618013604 37-6034025	FRATERNAL	IL	7		PROPERTIES	Yes	
IOTA CHI 222 BROUGHDALE AVENUE LONDON CA	FRATERNAL	CA			PROPERTIES	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
IOTA SIGMA 2007 GREELEY STREET AMES, IA 50014 23-7137535	FRATERNAL	IL	7		PROPERTIES	Yes	
KAPPA ALPHA 122 LINCOLN QUADBOX TERRE HAUTE, IN 47809 35-6022575	FRATERNAL	IN	7		PROPERTIES	Yes	
KAPPA CHI NSU BOX 4449 NATCHITOCHES, LA 71497 04-3621433	FRATERNAL	LA	7		PROPERTIES	Yes	
KAPPA GAMMA 111 LAKE HOLLINGSWORTH DRIVE LAKELAND, FL 33801 65-0350928	FRATERNAL	FL	7		PROPERTIES	Yes	
KAPPA KAPPA 4319 WEST CLARA LANE MUNCIE, IN 47304 35-6037105	FRATERNAL	IN	7		PROPERTIES	Yes	
KAPPA LAMBDA 2500 UNIVERSITY DRIVE CALGARY CA	FRATERNAL	CA			PROPERTIES	Yes	
KAPPA OMEGA 368 ROSE STREET LEXINGTON, KY 405083027 31-1040166	FRATERNAL	KY	7		PROPERTIES	Yes	
KAPPA OMICRON 2000 N PARKWAY MEMPHIS, TN 381121624 62-6046636	FRATERNAL	TN	7		PROPERTIES	Yes	
KAPPA RHO 1500 FRATERNITY VILLAGE KALAMAZOO, MI 490065937 38-2703146	FRATERNAL	MI	7		PROPERTIES	Yes	
KAPPA SIGMA AOII123 HAGESTAD STUDENT CENTER RIVER FALLS, WI 54022 52-1830878	FRATERNAL	WI	7		PROPERTIES	Yes	
LAMBDA ALPHA 732 N SAN ANTONIO AVE UPLAND, CA 917864536 83-0474128	FRATERNAL	CA	7		PROPERTIES	Yes	
LAMBDA BETA 3980 EAST 8TH STREET LONG BEACH, CA 908045317 46-0474128	FRATERNAL	CA	7		PROPERTIES	Yes	
LAMBDA CHI 601 BROAD STREET LAGRANGE, GA 302402955 58-1750325	FRATERNAL	GA	7		PROPERTIES	Yes	
LAMBDA EPSILON 300 KEATS WAY WATERLOO CA	FRATERNAL	CA			PROPERTIES	Yes	
LAMBDA ETA 10326 42ND AVENUE ALLENDALE, MI 494018333 38-2912240	FRATERNAL	MI	7		PROPERTIES	Yes	
LAMBDA OMICRON 1023 AVENTURA AVE MOUNT JULIET, TN 371226440 62-1817904	FRATERNAL	TN	7		PROPERTIES	Yes	
LAMBDA SIGMA 1190 S MILLEDGE AVE ATHENS, GA 306051326 58-1598179	FRATERNAL	GA	7		PROPERTIES	Yes	
LAMBDA TAU PO BOX 7524 MONROE, LA 712117524 23-7368057	FRATERNAL	LA	7		PROPERTIES	Yes	
LAMBDA UPSILON 39 UNIVERSITY DRIVE BETHLEHEM, PA 180153000 91-1923724	FRATERNAL	PA	7		PROPERTIES	Yes	
MU LAMBDA 1000 HOLT AVE WINTER PARK, FL 327894499 04-3631875	FRATERNAL	FL	7		PROPERTIES	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
NU BETA PO BOX 7987 UNIVERSITY, MS 386777987 64-0820041	FRATERNAL	MS	7		PROPERTIES	Yes	
OMEGA OMICRON 705 LAMBUTH BOULEVARD JACKSON, TN 383015280 62-6046772	FRATERNAL	TN	7		PROPERTIES	Yes	
OMEGA SIGMA 211 STUDENT UNION STILLWATER, OK 74078 45-5225163	FRATERNAL	OK	7		PROPERTIES	Yes	
OMEGA UPSILON 8 CHURCH STREET ATHENS, OH 457012434 31-1237595	FRATERNAL	OH	7		PROPERTIES	Yes	
PHI CHI 5454 S SHORE DRIVE CHICAGO, IL 606155919 36-3459586	FRATERNAL	IL	7		PROPERTIES	Yes	
PHI LAMBDA ONE UNIVERSITY PLAZA YOUNGSTOWN, OH 44555 45-4312735	FRATERNAL	OH	7		PROPERTIES	Yes	
PHI SIGMA 1700 UNIVERSITY DRIVE KEARNEY, NE 68845 51-0211350	FRATERNAL	NE	7		PROPERTIES	Yes	
PI ALPHA SWAIN STUDENT ACTIVITIES CTR W301 LOUISVILLE, KY 402920001 91-1923722	FRATERNAL	KY	7		PROPERTIES	Yes	
PI DELTA 4517 COLLEGE AVENUE COLLEGE PARK, MD 207403323 52-0597976	FRATERNAL	MD	7		PROPERTIES	Yes	
PI THETA PO BOX 4825 MIAMI, FL 332654825 58-2614249	FRATERNAL	FL	7		PROPERTIES	Yes	
RHO BETA PO BOX 842032 RICHMOND, VA 232842032 35-2311160	FRATERNAL	VA	7		PROPERTIES	Yes	
RHO OMICRON 1301 EAST MAIN STREET MURFEESBORO, TN 37130 62-1213381	FRATERNAL	TN	7		PROPERTIES	Yes	
SIGMA ALPHA 299 PROSPECT STREET MORGANTOWN, WV 265055010 55-0675824	FRATERNAL	WV	7		PROPERTIES	Yes	
SIGMA BETA 5600 CITY AVE 3RD FLOOR PHILADELPHIA, PA 19131 51-0577197	FRATERNAL	PA	7		PROPERTIES	Yes	
SIGMA CHI 17 MAPLE STREET ONEONTA, NY 138201940 16-6052202	FRATERNAL	NY	7		PROPERTIES	Yes	
SIGMA GAMMA ASU BOX 8959 BOONE, NC 286081030 32-0278627	FRATERNAL	NC	7		PROPERTIES	Yes	
SIGMA OMICRON PO BOX 928 STATE UNIVERSITY, AR 724670928 71-6066577	FRATERNAL	AR	7		PROPERTIES	Yes	
SIGMA PHI 9210 ZELZAH AVENUE NORTHRIDGE, CA 913252341 95-6206232	FRATERNAL	CA	7		PROPERTIES	Yes	
SIGMA RHO B 105 UNIVERSITY UNION SLIPPERY ROCK, PA 16057 23-7425246	FRATERNAL	PA	7		PROPERTIES	Yes	
SIGMA TAU 300 WASHINGTON AVENUE CHESTERTOWN, MD 212601438 52-1066065	FRATERNAL	MD	7		PROPERTIES	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
TAU 1121 FIFTH STREET SE MINNEAPOLIS, MN 554141919 36-3585969	FRATERNAL	MN	7		PROPERTIES	Yes	
TAU GAMMA 320 COLLEGE AVE CHENEY, WA 990041624 91-1440036	FRATERNAL	WA	7		PROPERTIES	Yes	
TAU LAMBDA 19 NORTH EARL STREET SHIPPENSBURG, PA 172571203 31-1127750	FRATERNAL	PA	7		PROPERTIES	Yes	
TAU OMEGA 300 NORTH BROADWAY LEXINGTON, KY 405081797 61-1102879	FRATERNAL	KY	7		PROPERTIES	Yes	
TAU OMICRON UTM CAMPUS BOX 126 MARTIN, TN 382380001 62-0984564	FRATERNAL	TN	7		PROPERTIES	Yes	
THETA BETA PO BOX 4092 TOWSON, MD 212520001 25-1532804	FRATERNAL	MD	7		PROPERTIES	Yes	
THETA CHI 3609 PETERS AVENUE SIOUX CITY, IA 511061722 32-0301511	FRATERNAL	IA	7		PROPERTIES	Yes	
THETA IOTA 333 S TWIN OAKS VALLEY SAN MARCOS, CA 92096 45-5226348	FRATERNAL	CA	7		PROPERTIES	Yes	
THETA OMEGA 809 W RIORDAN RD FLAGSTAFF, AZ 860010810 86-0712496	FRATERNAL	AZ	7		PROPERTIES	Yes	
THETA PI 1 CAMPUS ROAD STATEN ISLAND, NY 103014479 13-6162700	FRATERNAL	NY	7		PROPERTIES	Yes	
UPSILON LAMBDA PO BOX 691982 SAN ANTONIO, TX 782691982 47-0814205	FRATERNAL	TX	7		PROPERTIES	Yes	
XI 1411 ELM AVENUE NORMAN, OK 730726422 71-0885775	FRATERNAL	OK	7		PROPERTIES	Yes	
XI OMICRON PO BOX 2758 FAYETTEVILLE, AR 727022758 83-0474870	FRATERNAL	AR	7		PROPERTIES	Yes	
ZETA 1541 S STREET LINCOLN, NE 685022449 47-6030295	FRATERNAL	NE	7		PROPERTIES	Yes	
ZETA PSI 805 JOHNSTON ST GREENVILLE, NC 278582420 58-1373398	FRATERNAL	NC	7		PROPERTIES	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	TAU GAMMA	D	210,750	CASH
(2)	ALPHA DELTA	I	152,559	CASH
(3)	BETA PHI	I	372,834	CASH
(4)	IOTA	I	169,353	CASH
(5)	IOTA SIGMA	I	86,900	CASH
(6)	KAPPA OMEGA	I	122,591	CASH
(7)	KAPPA OMICRON	I	30,798	CASH
(8)	LAMBDA BETA	I	35,424	CASH
(9)	OMEGA UPSILON	I	143,018	CASH
(10)	PI DELTA	I	115,000	CASH
(11)	SIGMA ALPHA	I	40,000	CASH
(12)	SIGMA CHI	I	31,878	CASH
(13)	TAU GAMMA	I	13,500	CASH
(14)	XI	I	157,596	CASH
(15)	XI OMICRON	I	272,000	CASH
(16)	ZETA PSI	I	49,440	CASH
(17)	NU BETA	D	2,000,000	FMV
(18)	SIGMA PHI	D	200,000	FMV
(19)	ALPHA OMICRON PI FRATERNITY	N	65,000	CASH
(20)	ALPHA DELTA	K	50,760	CASH

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(21)	TAU GAMMA	D	210,750	CASH
(22)	ALPHA DELTA	I	152,559	CASH
(23)	BETA PHI	I	372,834	CASH
(24)	IOTA	I	169,353	CASH
(25)	IOTA SIGMA	I	86,900	CASH
(26)	KAPPA OMEGA	I	122,591	CASH
(27)	KAPPA OMICRON	I	30,798	CASH
(28)	LAMBDA BETA	I	35,424	CASH
(29)	OMEGA UPSILON	I	143,018	CASH
(30)	PI DELTA	I	115,000	CASH
(31)	SIGMA ALPHA	I	40,000	CASH
(32)	SIGMA CHI	I	31,878	CASH
(33)	TAU GAMMA	I	13,500	CASH
(34)	XI	I	157,596	CASH
(35)	XI OMICRON	I	272,000	CASH
(36)	ZETA PSI	I	49,440	CASH
(37)	NU BETA	D	2,000,000	FMV
(38)	SIGMA PHI	D	200,000	FMV
(39)	ALPHA OMICRON PI FRATERNITY	N	65,000	CASH
(40)	ALPHA DELTA	K	50,760	CASH

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(41)	TAU GAMMA	D	210,750	CASH
(42)	ALPHA DELTA	I	152,559	CASH
(43)	BETA PHI	I	372,834	CASH
(44)	IOTA	I	169,353	CASH
(45)	IOTA SIGMA	I	86,900	CASH
(46)	KAPPA OMEGA	I	122,591	CASH
(47)	KAPPA OMICRON	I	30,798	CASH
(48)	LAMBDA BETA	I	35,424	CASH
(49)	OMEGA UPSILON	I	143,018	CASH
(50)	PI DELTA	I	115,000	CASH
(51)	SIGMA ALPHA	I	40,000	CASH
(52)	SIGMA CHI	I	31,878	CASH
(53)	TAU GAMMA	I	13,500	CASH
(54)	XI	I	157,596	CASH
(55)	XI OMICRON	I	272,000	CASH
(56)	ZETA PSI	I	49,440	CASH
(57)	NU BETA	D	2,000,000	FMV
(58)	SIGMA PHI	D	200,000	FMV
(59)	ALPHA OMICRON PI FRATERNITY	N	65,000	CASH
(60)	ALPHA DELTA	K	50,760	CASH

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(61)	TAU GAMMA	D	210,750	CASH
(62)	ALPHA DELTA	I	152,559	CASH
(63)	BETA PHI	I	372,834	CASH
(64)	IOTA	I	169,353	CASH
(65)	IOTA SIGMA	I	86,900	CASH
(66)	KAPPA OMEGA	I	122,591	CASH
(67)	KAPPA OMICRON	I	30,798	CASH
(68)	LAMBDA BETA	I	35,424	CASH
(69)	OMEGA UPSILON	I	143,018	CASH
(70)	PI DELTA	I	115,000	CASH
(71)	SIGMA ALPHA	I	40,000	CASH
(72)	SIGMA CHI	I	31,878	CASH
(73)	TAU GAMMA	I	13,500	CASH
(74)	XI	I	157,596	CASH
(75)	XI OMICRON	I	272,000	CASH
(76)	ZETA PSI	I	49,440	CASH
(77)	NU BETA	D	2,000,000	FMV
(78)	SIGMA PHI	D	200,000	FMV
(79)	ALPHA OMICRON PI FRATERNITY	N	65,000	CASH
(80)	ALPHA DELTA	K	50,760	CASH