

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





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



Form **990**

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)

Open to Public

OMB No 1545 0047

Department of the Treasury

59931

10 **4**0 E, ~:, 0

SCANNED MAY 1 3 2016

Inter	nal Revenue	Service	The organization	may have to use a copy of	ii tiiis return to satisiy	state reportin	y requirements	1	mspection
Ā	For the 2	012 calenda	ır year, or tax year begini	ning 7/01	, 2012, a	nd ending	6/30		2013
В	Check if app	olicable	;				D Emplo	yer identifica	ation Number
	Addres	s change	LPHA OMICRON PI	FRATERNITY.	INC.		23-	704654	1
	Name of	change [5	390 VIRGINIA WAY	· ·			E Teleph	one number	
	Initial r	eturn E	RENTWOOD, TN 370	027			(61	.5) 370	0-0920
	Termin						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	.07 070	
	\vdash	led return					G Cross	receipts \$	25,301,059.
	\vdash	} -,	F Name and address of principal	officer TROVIVI	LEFORGE	Н-	(a) Is this a group retu		101
	<u></u> Аррііса	' '		Officer IROILIN	LETORGE				
-	T		SAME AS C ABOVE		14047(0)(1) 05	1 1507 1	(b) Are all affiliates in If 'No,' attach a list	(see instruc	ctions)
÷		npt status	501(c)(3) X 501(c) (7		4947(a)(1) or	527		. •	0100
<u>J</u>	Websit		.ALPHAOMICRONPI.				(c) Group exemption r		0190
K			X Corporation Trust	Association Other	L Ye	ar of Formation	1 141	State of lega	Il domicile
Pa	rt I	Summary							
	1 Bri	etiy describe	the organization's mission	on or most significal	at activities. PEC	OVIDE R	OOM_&_BOARI) AS W	<u> </u>
9			O MEMBERS OF CHA	PTER AND HOU	SING CORPOR	ATIONS .	OF TTHE O	WICKON	- T T
듄	11	<u>RATERNIT</u>	Y,_ 1NC						
Activities & Governance	2		Total area area area area area area area ar			_	thon 25% of its		
္ဌ		eck this box	□	ning body (Part VI	line 15) TA	en of more	e man 25% of its	3	12
જ						10) F :	J	4	12
es	5 Tot	al number o	ependent voting members if individuals employed in if volunteers (estimate if r	calendar vear 2012	(Part V. line 2a)	0.040		5	0
Ξ	6 Tot	tal number o	f volunteers (estimate if r	necessary)	ÀPR 27	7 2016		6	400
Ā	7a Tot	tal unrelated	business revenue from F	Part VIII, column (C)	, line 12	MAGENTA	ır	7a	114,796.
	b Net	t unrelated b	business revenue from F pusiness taxable income f	rom Form 990-T, lin	ie 34CCOUNI MA	NAGETTE.	n A	7 b	0.
_							Prior Year		Current Year
Revenue	8 Coi	ntributions a	nd grants (Part VIII, line	1h)		71/2	178,	206.	63,417.
	9 Pro	ogram servic	e revenue (Part VIII, line	2g)	- 1 1 1 m	الالاليا	22,715,		25,075,800.
ķ	10 Inv	estment inco	ome (Part VIII, column (A), lines 3, 4, and کچ	HEN LO		46,	247.	64,796.
ď	11 Oth	ner revenue	(Part VIII, column (A), lın	es 5, 6d, 8c , 9c, 10	🎮 and 11e)		-809,	023.	97,046.
	12 Tot	tal revenue -	- add lines 8 through 11	(mus equal Pan VI	II, column (A), line	e 12)	22,130,	454.	25,301,059.
			nilar amounts paid (Part.)						
	14 Bei	nefits paid to	o or for members (Part IX	olumn (A), line 4).				
	15 Sai	laries, other	compensation, employee	benefits (Part IX, c	olumn (A), lines 5	5-10)	1,588,086.		1,591,672.
Ses	16a Pro	ofessional fu	ndraising fees (Part IX, c	olumn (A), line 11e)					
Expenses	ĺ		ng expenses (Part IX, colu						·
Щ	1		s (Part IX, column (A), lin		<u></u>		20,245,	440	20,351,493.
	l		Add lines 13-17 (must e		-		21,833,		21,943,165.
		-	expenses Subtract line 18	•	(296,		3,357,894.
8							Beginning of Curre		End of Year
sets or	20 Tot	tal assets (P	art X, line 16).				40.572.		51,986,513.
A P	21 Tot		(Part X, line 26)				15,419,		19,224,808.
Net Ass Fund Ba	22 Net		und balances. Subtract lir	ne 21 from line 20			25,153,		32,761,705.
		Signature		ic 21 Holl line 20		i	23,133,	007.	32, 101, 103.
				ra maludiar contra anuac	schodules and stateme	nto and to the	host of my knowledge	a and haliaf	it is true correct, and
com	plete Declar	ation of prepare	are that I have examined this retuing retuing the retuing than officer) is based on a	m, including accompanying all information of which pre	parer has any knowledg	e and to the	best of my knowledg	e and bener,	it is true, confect, and
Sic	ın	Signature	of officer		() (j)		Date		
Sig He	re	TROY	LYN LEFORGE		.,		EXECUTIVE	DIRECT	'OR
•			rint name and title						
		Print/Type pre	parer's name	Preparer's signature		Date	Check	ıf PT	IN
Pa	id	TAMES D	LEUTENEGGER, CPA	JAMES P. LEUTEN	ECCER CDA		self-emplo	_	0083115
	eparer	Firm's name	► WESTBROOK MCGRAT					, 110	0000410
Üs	e Only	Firm's address			* DI/UI		Firm's FIN	► 58-18	200384
		1 audiess	ZOIO FREMIERE PA	TOTAL STE SOO			1 =	20 10	,UJUT

DULUTH, GA 30097

BAA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

617

Phone no

TEEA0113L 12/18/12

(770) 622-9885

X Yes

No

Form 990 (2012)

	1 990 (2012) ALPHA OMICRON PI FRATERNITY, INC.	23-70465	41 Page	2
Par				_
	Check if Schedule O contains a response to any question in this Part III			
1	Briefly describe the organization's mission	D HOHATNA		
	PROVIDE ROOM & BOARD AS WELL AS SUPPORT TO MEMBERS OF CHAPTER AN CORPORATIONS OF ALPHA OMICRON PI FRATERNITY, INC.	D_HOOSING_	-	
	CONFORMITONS OF ALPHA OMICKON FI FRATERNIII, INC.			
				-
	Did the organization undertake any significant program services during the year which were not listed on the pr	or		_
	Form 990 or 990-EZ?		Yes X 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 se	rvices?	Yes X 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 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of others, the total expenses, and revenue, if any, for each program service reported.	rices, as measur f grants and alloc	red by expenses. rations to	
4 a	··	Revenue \$)
	TO ENCOURAGE A SPIRIT OF FRATERNITY & LOVE AMONG ITS MEMBERS; PR			_
	DIGNITY, SCHOLARSHIP, & COLLEGE LOYALTY; SUPPORT THE BEST INTERE	- -		
	AND UNIVERSITIES IN WHICH CHAPTERS ARE INSTALLED AND IN NO WAY D			. –
	SACRIFICE THOSE INTERESTS FOR THE SAKE OF PRESIGE OR ADVANCEMENT ANY OF ITS CHAPTERS.	<u>OF THE FR</u>	ATERNITY OR	- -
		-		
		- 		
				-
				-
4 b	(Code.) (Expenses \$ including grants of \$) (F	Revenue \$)
				_
		- <i></i>		_
		-		
		-		
		- 		
		- 	-	-
4	: (Code:) (Expenses \$ including grants of \$) (f	Revenue \$		<u> </u>
				. ′
				-
				_
		- -		
		- -		
	1 Other program capuicas (Describe in Schedule O.)			
40	d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$		١	
4 e	e Total program service expenses ►			
BAA		-	Form 990 (201	2)

Page 3

	try encountry of frequency continues			
			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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		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		Х
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		Х
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		Х
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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9_		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
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	11 a	X	
t	Did the organization report an amount for investments – other securities in Part X, line (That Is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
	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	11 c		Х
	Did the organization report an amount for other assets in Part X tune 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule O. Part X	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	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 and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
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		Х
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		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
b	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Page 4

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21_		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
	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, and 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
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(: 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		
(Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		
ŀ	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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 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		Х
	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):			
â	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule La Part IV	28a		X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes, complete Schedule L, Part IV	28b		Х
(An entity of which a current or former officer, director, trustee, or key employee (or adamily 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 minon-dash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of an historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule in the contributions of an historical treasures, or other similar assets, or qualified conservation contributions?	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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	If 'Yes' to line 35a, 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		
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		х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 (2012

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 112			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b 0			
c	: Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ī	(gambling) winnings to prize winners?	1 c		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, 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)	Į		}
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3 a	X	
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	_3 b	X	
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		,,	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If 'Yes,' enter the name of the foreign country: CANADA			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	- 1		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	_	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5 b		Х
c	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	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 as charitable contributions?	6a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
	not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7 a		
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property formula to the second sell, exchange, or otherwise dispose of tangible personal property formula to the second sell.	7.		Ì
	Form 8282?	7 c		
C	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?	7 e		
	Did the organization, during the year, pay premium directly, on a personal benefit contract?	7 f	_	
	If the organization received a contribution of collection of property, did the organization file Form 8899 as required?	7 g		
ŀ	ilf the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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		<u> </u>
	Sponsoring organizations maintaining donor advised funds.	•		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		ļ
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a 793, 485.			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 0.			
	Section 501(c)(12) organizations. Enter.			
-	Gross income from members or shareholders			
ŀ	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		İ
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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 SEE SCH. O			1
ŀ	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			
	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	olf 'Yes.' has it filed a Form 720 to report these payments? If 'No.' provide an explanation in Schedule O	14 b		

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. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 12 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 b Enter the number of voting members included in line 1a, above, who are independent 1 b 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 Х of officers, directors or trustees, or key employees to a management company or other person? SEE SCH O Did the organization make any significant changes to its governing documents 4 X since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 X Did the organization have members or stockholders? 7 a 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? SEE SCHEDULE O members of the governing body? 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? SEE SCH O 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. a The governing body? 8 a Х X b Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No Yes Х 10a 10a Did the organization have local chapters, branches, or affiliates? 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. operations are consistent with the organization's exempt purposes 10b Х 11 a Has the organization provided a complete copy of this Form 990 to X mbers of its governing body before filing the form? 11 a used the organization to review this Form 990 **b** Describe in Schedule O the process, if any SEE SCHEDULE O 12a Did the organization have a written conflict winterest policy? If 'No,' go to line 13 12a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done

SEE SCHEDULE O Schedule O how this is done X 12 c X 13 Did the organization have a written whistleblower policy? 13 14 X 14 Did the organization have a written document retention and destruction policy? 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 15 a 15 b X b Other officers of key employees of the organization 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 Х taxable entity during the year? 16 a 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 taken 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 ▶ NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19

State the name, physical address, and telephone number of the person who possesses the books and records of the organization ≻ROGER M. GALLIVAN, CPA 5390 VIRGINIA WAY BRENTWOOD TN 37027 (404) 384-6736

SEE SCHEDULE O

the public during the tax year.

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

Page 7

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 organization compensated any current officer, director, or trustee. Position (do not check more than (A) (B) (F) one box, unless person is both an officer and a director/trustee) Name and Title Reportable compensation from Reportable compensation from related organizations (W 2/1099-MISC) Estimated amount of other Average hours per week (list any hours for related the organization (W-2/1099-MISC) compensation from the Individual Officer employee Highest ormer nstitutional trustee ₽ organiza-tions below dotted line) employee rector organizations compensated l trustee (1) ALLISON ALLGIER 15 INTL. PRESIDENT 0 X Х 0 0 0. (2) KRISTA MALMQUIST WHIPPI 10 0. VP-FINANCE 0 X X 0 0 (3) SUSAN DANKO 10 VICE PRESIDENT 0 Х 0 0. 0. GAYLE FITZPATRICK 10 VICE PRESIDENT X 0 0 0 0. (5) KAREN GALEHAN 10 VICE PRESIDENT X 0 0. 0. n (6) KANDYCE MORGAN HARBER 10 VICE PRESIDENT 0 Х 0 0 0. REBECCA ADMIRE HERMAN 10 VICE PRESIDENT 0 X 0 0 0. (8) JOYCE BRYAN STROUT 10 VICE PRESIDENT 0. 0 0. 0. (9) JANETTE B TESSMER 10 PRES-PROPERTIES 0 X Х 0 0 0. (10) CATHY ANDREWS 8 VICE PRESIDENT 0 X Х 0 0. 0. (11) LISA T HAUSER 8 DIR-PROPERTIES 0 X 0 0 0. (12) LINDA COLLIER 8 0 0 0 0. DIR-PROPERTIES X TROYLYN LEFORGE 20 EXECUTIVE DIR 0 X 0. 115,006. 0. (14)

	(B)			(0	;)	,					(00.	,
(A) Name and title	Average hours	irs box, unless person is both an Reportable						Reportable	(E) Reportable		(F) stimated	
	per week (list any hours for related organiza - tions	Individua or directo	Institution	Officer		i	Former	compensation from the organization (W 2/1099 MISC)	compensation from related organizations (W 2/1099 MISC)	from amount comper (ISC) from organiz		on in d
	below dotted line)	l trustee	hustee		8	pensated						
(15)												
(16)												
(17)									· · · ·			
(18)												
<u>(19)</u>												
(20)			,									
(21)		-									_	
(22)									<u>-</u>			
(23)							_					
(24)			73.4	-			7		···			
(25)	7)-E			Ĺ			,_				_	
1 b Sub-total	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 ·'x	r1		<u> </u>		▶	0.	115,006.		_	0.
c Total from continuation sheets to Part VII,	iΑ						•	0.	0.			0.
d Total (add lines 1b and 1c)							•	0.	115,006.			0.
2 Total number of individuals (including but not limited to	those I	ısted	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	ו	
from the organization • 0											C-2-1	
_											Yes	No
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such	r or trus <i>individu</i>	stee, ial	key	em	ploy	ee, c	r hi	ghest compensat	ed employee	3		Х
4 For any individual listed on line 1a, is the sum of rithe organization and related organizations greater such individual	eportab than \$1	le co 50,0	mpe 00?	nsa If 'Y	ition ∕es′	and comp	oth olet	er compensation e Schedule J for	from	4		Х
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compen comple	satio	n fro	om : lule	any <i>J fo</i>	unre r suc	late h p	d organization or erson	ındıvıdual	5		Х
Section B. Independent Contractors											_	
Complete this table for your five highest compensation from the organization. Report compensation	ition for	epen the c	dent	dar y	ntra year	endi	tha ng v	vith or within the or	ganızatıon's tax year			
Name and business addre	ss							Description of	of services	Compe		
FINLOGIC LLC 6030 BETHELVIEW RD STE 406 CUM	MING,	GA 3	004	0				ACCOUNTING				392.
CSL MANAGEMENT LLC 2020 FIELDSTONE PKWY STE				_	N,	TN 3	70	MANAGEMENT				341.
JOHN HARRIS 501 UNION STREET 7TH FLOOR NASH						0.7.	0.7	LEGAL	-			445.
THOMAS MILLER PARTNERS 5210 MARYLAND WAY STE												<u> 298.</u> 518.
2 Total number of independent contractors (including but								ARCHITECT SER who received more			00,5	110.
\$100,000 in compensation from the organization						, ,,,,	-/					

		Check if Schedule O contains	a resp	onse to any questi	on in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a	Federated campaigns	1 a					
줊죐	b	Membership dues	1 b					
ĕ ₹	С	Fundraising events	1 c					
등뛰		Related organizations	1 d	<u> </u>	;			
ž Š		Government grants (contributions)	1 e					
르된	T	All other contributions, gifts, grants, and similar amounts not included above	1 f	63,417.				
ξŞ	σ	Noncash contributions included in lns 1a-						
ვ ₹	9	Total. Add lines 1a-1f	•		63,417.			
쀻				Business Code	00/1211			-
2	2 a	HOUSING PROGRAM FEES		713990	11,843,778.	11,843,778.		
22	b	MEMBER DUES & ASSESSMENTS		531110	11,373,096.	11,373,096.		
35	С	OTHER PROGRAM REVENUE		713990	1,239,487.	1,239,487.		
S	d	MANAGEMENT FEES		713990	523,777.	523,777.		
₹		INVESTMENT FEE RESERVE		531110	79,510.	79,510.		
ုဗ္ဗ		All other program service revenu	 e		16,152.	16,152.		
준	q	Total. Add lines 2a-2f			25,075,800.			
	3	Investment income (including div	idend	s, interest and				
	_	other similar amounts)		•	64,796.		64,796.	
1	4	Income from investment of tax-e	xemp	t bond proceeds 🟲				
	5	Royalties						
		(i) R		(II) Personal				
			000					
	b	Less rental expenses			- C			
	С	Rental income or (loss) 50	000					
	d	Net rental income or (loss)		1	\$0,000.		50,000.	
	7 a	Gross amount from sales of (i) Secu	rities	(if) Other	Ŋ			
		assets other than inventory		a 111000				
	b	Less: cost or other basis		View 1				
		and sales expenses			_			
	_	Gain or (loss)			}			
i	d	Net gain or (loss)						
ш	8 a	Gross income from fundraising e	vents					
EVENUE		(not including \$	10)					
즱		of contributions reported on line	10).					
쏦		See Part IV, line 18		a	-			
OTHER RE		Less: direct expenses		D	-			
		Net income or (loss) from fundra		events				
	9 a	Gross income from gaming activ See Part IV, line 19	ities.					
		Less direct expenses		a b	-			
		Net income or (loss) from gamin	n acti		-	i		
	_	` , ,	•	VIIICS				
	10 a	Gross sales of inventory, less re and allowances	turns	a		ŀ		
	b	Less, cost of goods sold		ь	1			
		Net income or (loss) from sales	of inv	entory	1			
		Miscellaneous Revenue		Business Code				
	11 a	SWAP_GAIN		900001	47,046.			47,046.
	b							
	c							
	d	All other revenue.						
	е	Total. Add lines 11a-11d			47,046.			
	12	Total revenue. See instructions				25,075,800.	114,796.	
BAA				TEE	A0109L 12/17/12			Form 990 (2012)

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must con			ompiete column (A)	
	Check if Schedule O contains a			(0)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	1,591,672.			
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	,			
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
	Management	682,714.			
	Legal	50,219.			
	Accounting	396,892.			
	Lobbying	390,092.		_ 11	
	Professional fundraising services See Part IV, line 17			\	
	•				
	Investment management fees				
Ĭ	Other. (If line 11g amt exceeds 10% of line 25, col- umn (A) amt, list line 11g expenses on Sch 0) Advertising and promotion	1,269,579			
	Office expenses		7		
	Information technology	120,096.			
14	14	1111 22			
15	Royalties	5 105 000			
16	Occupancy	6,136,008.			
17	Travel	72,498.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	430,722.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,222,674.			
	Insurance				
24	Other expenses. Itemize expenses not covered 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	SOCIAL	4,114,470.			
b	DUES	3,584,748.			
C	RECRUITING	1,254,277.			
	PRINTING AND PUBLICATIONS	725,151.			
е	All other expenses	291,445.			
25	Total functional expenses. Add lines 1 through 24e	21,943,165.			
26	Joint costs. Complete this line only if	,_,_,_,			-
20	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 8,506,621 1 9,788,153. Savings and temporary cash investments 3,606 2 Pledges and grants receivable, net 3 4 Accounts receivable, net 687,660 1,525,376. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 752,163 7 -148,375. 8 Inventories for sale or use Prepaid expenses and deferred charges 118,063 9 302,713. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 53,067,700 b Less: accumulated depreciation 10b 12,574,967 10 c 40,492,733. 30,504,108 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 13 Intangible assets 14 15 Other assets See Part IV, line 11 15 25,913. 16 Total assets. Add lines 1 through 15 (must equal line 34) 40,572,221 16 51,986,513. 17 Accounts payable and accrued expenses **27**25,789 17 1,835,876. 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Scriff dule D 21 Loans and other payables to current and former officers, directors trustees, key employees, highest compensated employees and insuralified persons. Complete Part II of Schedule L 22 unrelated third parties Secured mortgages and notes payable 23 13,266,349 16,836,638. Unsecured notes and loans payable to unrelated third parties 24 227,076 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 25 552,294. Total liabilities. Add lines 17 through 25 26 15,419,214 19,224,808. Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. ASSETS Unrestricted net assets 25, 153, 007 27 32,761,705. Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29 R Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 25,153,007 33 32,761,705. 34 34 Total liabilities and net assets/fund balances 40,572,221 51,986,513. BAA Form 990 (2012)

FUIII	1990 (2012) ALPHA OMICKON PI PRATERNIII, INC. 23	-70403	141	raye 12
Par	t XI Reconciliation 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	25,30	01,059.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,9	43,165.
3	Revenue less expenses. Subtract line 2 from line 1	3		57,894.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,1	53,007.
5	Net unrealized gains (losses) on investments	5	4,2	50,804.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O).	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	32,7	61,705.
Par	t XII Financial Statements and Reporting	•		
	Check if Schedule O contains a response to any question in this Part XII			X
				Yes No
1	Accounting method used to prepare the Form 990 Cash Accrual X Other SEE SCH. ()	_ [
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:	ed on a		
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	
Ė	Were the organization's financial statements audited by an independent accountant?		2b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate		
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for the audinerview, or compilation of its financial statements and selection of an independent accountable?	t,	2 c	
	If the organization changed either its oversight process or selection process during the all year, explain in Schedule O			
3 a	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?		3 a	х
t	olf 'Yes,' did the organization undergo the required audits of the organization did not undergo the required au or audits, explain why in Schedule O and describe any steps taken to undergo such audits	dıt	3 Ь	
BAA			Form	990 (2012)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 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

Open to Public Inspection

Employer identification number

ALPHA OMICRON PI FRATERNITY, INC 23-7046541 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) Aggregate grants from (during year) Aggregate value at end of year 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? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No |Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, 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 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 [**]** 2 a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a 2 c d Number of conservation easements included in (c) acquired after 817/06, and not structure listed in the National Register 2 d extinguished, or terminated by the organization during the Number of conservation easements modified, transfer tax year ► Number of states where property subject to consent easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 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)(i) and section 170(h)(4)(B)(ii)? In Part XIII, 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 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 XIII, the text of the footnote to its financial statements that describes these items SEE PART XIII

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

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.

following amounts relating to these items

(ii) Assets included in Form 990, Part X.

b Assets included in Form 990, Part X

a Revenues included in Form 990. Part VIII. line 1

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

►\$

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Schedule D (Form 990) 2012 ALPHA OMICRO Part III Organizations Maintaining College			23-704 Other Similar Ass	
3 Using the organization's acquisition, accession, a	· · · · · · · · · · · · · · · · · · ·	•		···
items (check all that apply)			g	
a X Public exhibition	—	or exchange programs		
b Scholarly research c X Preservation for future generations	e Other			
4 Provide a description of the organization's collect	tions and explain how they	y further the organization's	s exempt purpose in	
Part XIII 5 During the year, did the organization solicit or	r receive donations of ar	t, historical treasures, o	or other similar assets	Yes X No
to be sold to raise funds rather than to be ma Part IV Escrow and Custodial Arrangements.				
reported an amount on Form 99		ation anomorous roo to	, , , , , , , , , , , , , , , , , , ,	.0 3, 0.
1 a Is the organization an agent, trustee, custodia on Form 990. Part X?	an, or other intermediary	for contributions or oth	ner assets not included	─────────────────────────────────────
b If 'Yes,' explain the arrangement in Part XIII	and complete the follow	ına table		
2		g		Amount
c Beginning balance			1 c	
d Additions during the year			1 d	
e Distributions during the year			1 e	
f Ending balance			1f	
2a Did the organization include an amount on Fo	•			Yes No
b If 'Yes,' explain the arrangement in Part XIII	Check here if the explain	ntion has been provided	I ın Part XIII	
Bart V Fadamant Fred - Complete (11	10/-11-5-	000 Dark IV La	- 10
Part V Endowment Funds. Complete If			(d) Three years	(e) Four years
1 a Beginning of year balance	(u) Frior yea	ai (c) Two years	(a) Three years	(e) Four years
b Contributions	- 			
			<u> </u>	+
c Net investment earnings, gains, and losses			1	
d Grants or scholarships				
Other expenditures for facilities and programs				
f Administrative expenses		Ü .		
g End of year balance	215			
2 Provide the estimated percentage of the curre	ennyear end balance (lir	ne 1g, column (a)) held	as	
a Board designated or quasi-endowment	**************************************			
b Permanent endowment ►	Š			
c Temporarily restricted endowment	<u> </u>			
The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.			
3 a Are there endowment funds not in the possession organization by.	n of the organization that a	are held and administered	I for the	Yes No
(i) unrelated organizations.				3a(i)
(ii) related organizations				3a(ii)
b If 'Yes' to 3a(ii), are the related organizations	· ·			3b
4 Describe in Part XIII the intended uses of the				
Part VI Land, Buildings, and Equipmen Description of property			(a) Assumulated	(d) Book value
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		298,099.		298,099.
b Buildings		52,769,601.	12,574,967.	40,194,634.
c Leasehold improvements				
d Equipment				
e Other				40 400 500
Total. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X,	coiumn (B), line 10(c))	Schod	40,492,733. ule D (Form 990) 2012
BAA			Scried	uic 🗗 (i 0iiii 330) 2012

Part VII	investments – Other Securities. See		, me iz. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va end-of-year n	
(1) Finan	icial derivatives		cha-or-year n	narket value
	ly-held equity interests			
(3) Other			-	
(A) (B)				
(C)				
(D)				
(C) (D) (E)				
(F)				
(G)				
(H)				
(l)				
Total. (Colu	umn (b) must equal Form 990, Part X, column (B) line 12)			
	II Investments - Program Related. See	Form 990, Part X,	line 13. N/A	<u> </u>
	(a) Description of investment type	(b) Book value	(c) Method of va	luation: Cost or
<u></u>			end-of-year n	narket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	······································			
(9)				
(10)	umn (b) must equal Form 990. Part X. column (B) line 13.)			
Part IX	umn (b) must equal Form 990, Part X, column (B) line 13) Other Assets. See Form 990, Part X, I	ine 15.		<u></u>
FAILIA		scription 17	<i>y</i>	(b) Book value
(1)		N. T.	_	(b) Book Value
(2)				
(3)			·	
(4)				
(5)			-	
(6)				
(7)				
(8)		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
(9)				-
(10)			-	
	olumn (b) must equal Form 990, Part X, column (E	3), line 15)		•
Part X	Other Liabilities. See Form 990, Part			
1 2 2 2 2 2 2	(a) Description of liability	(b) Book value		
(1) Fed	eral income taxes	,,		
(2) FA	IR VALUE OF INTEREST RATE SWAP	134,99	94.	
	CURITY DEPOSITS	417,30		
(4)		,		
(5)				
(6)	,			
(7)				
(8)				
(9)				
(10)				
(11)			_	
	ımn (b) must equal Form 990, Part X, column (B) line 25)	► 552, 29	94.	
	ASC 740) Footnote In Part XIII, provide the text of the footnote to			liability for uncertain tax positions
under FIN 4	8 (ASC 740) Check here if the text of the footnote has been prov	ided in Part XIII	i statements that reports the organization's	nability for uncertain tax positions

7	D (Form 990) 2012 ALPHA OMICRON PI FRATERNITY, INC.	23-7046541	L Page 4
Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return	
	I revenue, gains, and other support per audited financial statements	1 2	29,551,863.
2 Amoi	ounts included on line 1 but not on Form 990, Part VIII, line 12.		
a Net ι	unrealized gains on investments 2a 4,250,	,804.	
b Dona	ated services and use of facilities 2b		
c Reco	overies of prior year grants 2c		
d Other	er (Describe in Part XIII.)		
e Add I	lines 2a through 2d	2 e	4,250,804.
3 Subti	tract line 2e from line 1	3 2	25,301,059.
4 Amou	unts included on Form 990, Part VIII, line 12, but not on line 1		· · · · · · · · · · · · · · · · · · ·
a Inves	stment expenses not included on Form 990, Part VIII, line 7b		
b Other	er (Describe in Part XIII.)		
c Add I	lines 4a and 4b.	4 c	
5 Total	I revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5 2	25,301,059.
Part XII	Reconciliation of Expenses per Audited Financial Statements With Expense		
	l expenses and losses per audited financial statements		21,943,165.
2 Amou	ounts included on line 1 but not on Form 990, Part IX, line 25.		
	ated services and use of facilities 2a		
b Prior	r year adjustments 2b		
	er losses 2c	- 	
d Other	er (Describe in Part XIII)		
	lines 2a through 2d	2e	
3 Subtr	tract line 2e from line 1		21,943,165.
4 Amou	unts included on Form 990, Part IX, line 25, but not on line 1:		1,343,100.
	stment expenses not included on Form 990, Part VIII, line 7b		
b Other	er (Describe in Part XIII.)		
c Add I	lines 4a and 4b.	4 c	
5 Total	l expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5 2	21,943,165.
Part XIII	Supplemental Information		
Complete t line 4; Part	this part to provide the descriptions required for Part II, lines 3.57 and 9, Part III lines 1a and 4; t X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to prov	Part IV, lines 1b and ide any additional in	d 2b, Part V, nformation
PAR	RT III, LINE 1A - FIS FOOTNOTE FOR ARTITREASURES, ETC.	· 	
THE	FRATERNITY PRESERVES AND DISPLAYS THE ORGANIZATION'S HISTORI	CAL ITEMS FO	R ALL
MEME	EBERS TO SEE AND UNDERSTAND THE HISTORY OF THE ORGANIZATION.		
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BAA		Cabadala	(F 000) 0010
DAA		Schedule D (Form 990) 2012