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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

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 7/01, 2012, and ending 6/30, 2013

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

C

ALPHA OMICRON PI PROPERTIES, INC.
5390 VIRGINIA WAY
BRENTWOOD, TN 37027

D Employer Identification Number

51-0426239

E Telephone number

(615) 370-0920

G Gross receipts \$ 3,040,311.

F Name and address of principal officer TROYLYN LEFORGE
SAME AS C ABOVE

H(a) Is this a group return for affiliates? Yes ☐ No ☒H(b) Are all affiliates included? If 'No,' attach a list (see instructions) Yes ☐ No ☐I Tax-exempt status 501(c)(3) ☒ 501(c) (7) (insert no) 4947(a)(1) or 527

J Website: WWW.ALPHAOMICRONPI.ORG

H(c) Group exemption number 0190

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

L Year of Formation 2005

M State of legal domicile TN

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities. <u>ALPHA OMICRON PI PROPERTIES, INC. PROVIDES HOUSING FOR THE UNDERGRADUATE CHAPTERS OF ALPHA OMICRON PI FRATERNITY, INC.</u>		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	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 2012 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	7
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	64,796.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)		
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,343,326.	2,928,469.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,041.	64,796.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,708,728.	3,040,311.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	523,844.	318,067.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25)		
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,758,649.	2,091,996.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,997,493.	2,410,063.
	19	Revenue less expenses Subtract line 18 from line 12	-288,765.	630,248.
	20	Total assets (Part X, line 16)	21,879,030.	22,896,961.
21	Total liabilities (Part X, line 26)	10,458,224.	10,845,907.	
22	Net assets or fund balances Subtract line 21 from line 20	11,420,806.	12,051,054.	

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		Date	12/12/13
	TROYLYN LEFORGE	EXECUTIVE DIR.	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	JAMES P. LEUTENEGGER, CPA	JAMES P. LEUTENEGGER, CPA	
	Firm's name	Firm's EIN	PTIN
	WESTBROOK MCGRATH BRIDGES ORTH & BRAY	58-1809384	P00083115
	Firm's address	Phone no	
	2810 PREMIERE PARKWAY, STE 200	(770) 622-9885	
	DULUTH, GA 30097		

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

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

TEEA0113L 12/18/12

Form 990 (2012)

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Part III Statement of Program Service AccomplishmentsCheck 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 MEMEBERS; PROMOTE INTEGRITY,
DIGNITY, SCHOLARSHIP, & COLLEGE LOYALTY; 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		X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		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		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		
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		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		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? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		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>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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? <i>If 'Yes,' complete Schedule L, Part I</i>		
25b 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? <i>If 'Yes,' complete Schedule L, Part I</i>		
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? <i>If 'Yes,' complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		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? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b 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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		
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? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38 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	X	

BAA

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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.	1 a 31		
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 (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 Statements, filed for the calendar year ending with or within the year covered by this return.	2 a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
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)?	4 a		X
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.			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
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 solicit any contributions that were not tax deductible as charitable contributions?	6 a		X
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).			
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?	7 a		
b 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 for which it was required to file Form 8282?	7 c		
d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7 d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If 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		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.	10 a 0.		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b 0.		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.	11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b		
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?	13 a		
Note. See the instructions for additional information the organization must report on Schedule O SEE SCH. O			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13 b		
c Enter the amount of reserves on hand.	13 c		
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b If '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.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. 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.	6	
1 b Enter the number of voting members included in line 1a, above, who are independent.	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?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? SEE SCH O	X	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
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?		X
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	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 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		X

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

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates?		X
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?		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
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	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O	X	
b Other officers of key employees of the organization SEE SCHEDULE O	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O

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 ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** 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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 PRESIDENT	10 0	X		X				0.	0.	0.
(2) REBECCA HERMAN DIRECTOR	8 0	X						0.	0.	0.
(3) LISA T HAUSER BOARD VP	8 0	X						0.	0.	0.
(4) KRISTA WHIPPLE BD TREASURER	8 0	X		X				0.	0.	0.
(5) LINDA COLLIER DIRECTOR	8 0	X						0.	0.	0.
(6) TROYLYN LEFORGE EXECUTIVE DIR.	20 0			X				0.	115,006.	0.
(7) _____	_____ _____									
(8) _____	_____ _____									
(9) _____	_____ _____									
(10) _____	_____ _____									
(11) _____	_____ _____									
(12) _____	_____ _____									
(13) _____	_____ _____									
(14) _____	_____ _____									

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
(15) -----	-----								
(16) -----	-----								
(17) -----	-----								
(18) -----	-----								
(19) -----	-----								
(20) -----	-----								
(21) -----	-----								
(22) -----	-----								
(23) -----	-----								
(24) -----	-----								
(25) -----	-----								
1 b Sub-total							0.	115,006.	0.
c Total from continuation sheets to Part VII, Section A							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 listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

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

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

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization 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
FINLOGIC LLC 6030 BETHELVIEW RD STE 406 CUMMING, GA 30040	ACCOUNTING	278,892.
CSL MANAGEMENT LLC 2020 FIELDSTONE PKWY STE 900-138 FRANKLIN, TN 370	MANAGEMENT	236,841.
JOHN HARRIS 501 UNION STREET, 7TH FLOOR NASHVILLE, TN 37219	LEGAL	140,445.
THOMAS MILLER PARTNERS 5210 MARYLAND WAY STE 200 BRENTWOOD, TN 37027	ARCHITECT SERVICE	129,298.
KRITTENBRINK ARCHITECTURE 301 W BOYD, STE 200 NORMAN, OK 73069	ARCHITECT SERVICE	105,518.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question 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
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f				
	g Noncash contributions included in lns 1a-1f \$					
	h Total. Add lines 1a-1f					
PROGRAM SERVICE REVENUE	Business Code					
	2 a LEASE INCOME	531110	1,894,012.	1,894,012.		
	b MANAGEMENT FEES	531110	815,091.	815,091.		
	c MEMBER ASSESSMENTS	531110	99,000.	99,000.		
	d INVESTMENT FEE RESERVE	531110	79,510.	79,510.		
	e MISCELLANEOUS	531110	24,704.	24,704.		
	f All other program service revenue	WKS	16,152.	16,152.		
	g Total. Add lines 2a-2f		2,928,469.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		64,796.		64,796.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not 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					
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a 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						
11 a SWAP GAIN	900001	47,046.			47,046.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		47,046.				
12 Total revenue. See instructions		3,040,311.	2,928,469.	64,796.	47,046.	

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).

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

☒ X

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	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	318,067.			
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)				
a Management	220,460.			
b Legal				
c Accounting	278,892.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)	350,823.			
12 Advertising and promotion				
13 Office expenses	21,526.			
14 Information technology				
15 Royalties				
16 Occupancy	23,946.			
17 Travel	50,674.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	242,459.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	622,327.			
23 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.)				
a <u>BAD DEBT EXPENSE</u>	150,339.			
b <u>TAXES</u>	78,047.			
c <u>REPAIRS & MAINTENANCE</u>	48,042.			
d <u>MISCELLANEOUS</u>	4,461.			
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	2,410,063.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	2,766,724.	1	1,637,210.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	158,215.	4	208,177.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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	
	7 Notes and loans receivable, net	752,163.	7	829,175.
	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 24,810,830.		
	b Less: accumulated depreciation	10b 4,723,638.	10c 18,087,022.	20,087,192.
	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	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	114,906.	15	135,207.
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,879,030.	16	22,896,961.	
LIABILITIES	17 Accounts payable and accrued expenses	255,835.	17	692,585.
	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 Loans and other 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	9,975,313.	23	9,986,029.
	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	227,076.	25	167,293.
	26 Total liabilities. Add lines 17 through 25	10,458,224.	26	10,845,907.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	11,420,806.	27	12,051,054.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	11,420,806.	33	12,051,054.
	34 Total liabilities and net assets/fund balances	21,879,030.	34	22,896,961.

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Form 990 (2012)

Part XI Reconciliation of Net AssetsCheck 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	3,040,311.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,410,063.
3	Revenue less expenses. Subtract line 2 from line 1	3	630,248.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	11,420,806.
5	Net unrealized gains (losses) on investments	5	
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	12,051,054.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 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?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

- b Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

☐ 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 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

- 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?

- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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Form 990 (2012)

**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, 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

2012**Open to Public
Inspection**

Name of the organization

Employer identification number

ALPHA OMICRON PI PROPERTIES, INC.

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
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 8/17/06, and not on a historic structure listed in the National Register	2 d

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

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

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

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

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

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

9 In Part 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

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.

1 a 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

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

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

b Assets included in Form 990, Part X ► \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

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.

1 a 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 XIII and complete the following table

	Amount
1 c	
1 d	
1 e	
1 f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? ☐

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII 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
1 a Land	1,891,496.			1,891,496.
b Buildings	12,758,667.		3,803,644.	8,955,023.
c Leasehold improvements	6,705,901.		734,006.	5,971,895.
d Equipment	303,266.		124,287.	178,979.
e Other	3,151,500.		61,701.	3,089,799.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				20,087,192.

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Schedule D (Form 990) 2012

Part VII: Investments – Other Securities. See Form 990, Part X, line 12 N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total (Column (b) must equal Form 990, Part X, column (B) line 12)		

Part VIII: Investments – Program Related. See Form 990, Part X, line 13. N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Column (b) must equal Form 990, Part X, column (B) line 13)		

Part IX: Other Assets. See Form 990, Part X, line 15. N/A

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEPOSITS HELD	32,300.
(3) INTEREST RATE SWAP	134,993.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	167,293.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒ SEE PART XIII

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

1	Total revenue, gains, and other support per audited financial statements		1	3,040,311.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	3,040,311.
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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,040,311.

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

1	Total expenses and losses per audited financial statements		1	2,410,063.
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 XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,410,063.
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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,410,063.

Part XIII Supplemental Information

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

PART X - FIN 48 FOOTNOTE

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, 2010, 2011 AND 2012), OR EXPECTED TO BE TAKEN IN THE FRATERNITY'S TAX RETURN FOR THE YEAR ENDED JUNE 30, 2013. THE FRATERNITY IDENTIFIES ITS MAJOR TAX

BAA

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)**PART X - FIN 48 FOOTNOTE (CONTINUED)**

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

ALPHA OMICRON PI PROPERTIES, INC.

Employer identification number

51-0426239

FORM 990, PART V, LINE 13A - ADDITIONAL INFORMATION THE ORGANIZATION MUST REPORT

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.

FORM 990, PART VI, LINE 3 - DESCRIPTION OF DELEGATED DUTIES TO MANAGEMENT COMPANY

FINLOGIC, LLC IS RETAINED AS AN OUTSOURCED CFO TO ASSIST WITH THE RECORDING AND
REPORTING OF FINANCIAL OPERATIONS CONSISTENT WITH GAAP.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

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 THREE-FOURTHS AFFIRMATIVE VOTE, AUTHORIZE THE
LOAN RECOMMENDATIONS(S) SUBMITTED BY ALPHA OMICRON 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 RO
EXCEEDING FIFTY THOUSAND DOLLARS WITHIN ANY SIXTY DAY PERIOD.
4. REVIEW AND IF APPROVED BY AT LEAST THREE-FOURTHS AFFIRMATIVE VOTE, AUTHORIZE WITH

Name of the organization

ALPHA OMICRON PI PROPERTIES, INC.

Employer identification number

51-0426239

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS (COI

RESPECT TO THE REAL PROPERTY UNDER THE CONTROL 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 CONTROL OF
ALPHA OMICRON PI PROPERTIES, INC.**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**THE FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM AND REVIEWED BY THE
ORGANIZATION'S TOP MANAGEMENT. THE REVIEWED FORM 990 IS THEN FORWARDED TO THE BOARD
OF DIRECTORS FOR REVIEW PRIOR TO FILING.**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**EMPLOYEES WILL SIGN A WRITTEN CONFLICT 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.**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT**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.

Name of the organization

ALPHA OMICRON PI PROPERTIES, INC.

Employer identification number

51-0426239

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE DIRECTOR OF PROPERTIES DETERMINES SALARIES FOR OTHER EMPLOYEES. THE AMOUNT OF
SALARIES IS THEN APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE GOVERNING DOCUMENTS ARE AVAILABLE TO ALPHA OMICRON PI MEMBERS ON A PRIVATE
WEBSITE. THE FINANCIAL STATEMENTS ARE ALSO ONLY AVAILABLE TO ALPHA OMICRON PI
MEMBERS VIA EMAIL.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

ALPHA OMICRON PI PROPERTIES, INC.

OMB No 1545-0047

2012

Open to Public
Inspection

Employer identification number

51-0426239

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.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					

(2) -----					

(3) -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?
(1) ALPHA CHI 1566 NORMAL DRIVE BOWLING GREEN, KY 42101 31-0980375	FRATERNAL	KY	7		PROPERTIES	X
(2) ALPHA DELTA 740 COLONIAL DRIVE TUSCALOOSA, AL 35486 63-0518914	FRATERNAL	AL	7		PROPERTIES	X
(3) ALPHA GAMMA 820 N.E. CAMPUS STREET PULLMAN, WA 99163 91-6035164	FRATERNAL	WA	7		PROPERTIES	X
(4) ALPHA LAMBDA 102 OLYPIC BOULEVARD STATESBORO, GA 30458 58-1813179	FRATERNAL	GA	7		PROPERTIES	X

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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	
(1) -----												

(2) -----												

(3) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) -----									

(2) -----									

(3) -----									

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35b, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ALPHA DELTA		J	152,559.	CASH
(2) BETA PHI		J	372,834.	CASH
(3) IOTA SIGMA		J	86,900.	CASH
(4) KAPPA OMEGA		D	41,315.	CASH
(5) KAPPA OMEGA		J	122,591.	CASH
(6) KAPPA OMICRON		J	30,798.	CASH

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate 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	
(1) -----													

(2) -----													

(3) -----													

(4) -----													

(5) -----													

(6) -----													

(7) -----													

(8) -----													

Part VII Supplemental Information

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

[illegible]

Part II Continuation of 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 section 501(c)(3))	(F) Direct controlling entity	(G) Sec 512(b)(13) controlled entity?	
						Yes	No
ALPHA NU 505 RAMAPO VALLEY ROAD MAHWAH, NJ 07430 45-3022247	FRATERNAL	NJ	7		PROPERTIES	X	
ALPHA OMICRON PI FRATERNITY, INC. 5390 VIRGINIA WAY BRENTWOOD, TN 37037 62-0950113	FRATERNAL	TN	7		N/A		X
ALPHA PSI 440 SADDLEMIRE BLDG. BOWLING GREEN, OH 43403 34-1612736	FRATERNAL	OH	7		PROPERTIES	X	
ALPHA THETA COLLEGE FIRST AVENUE, NE CEDAR RAPIDS, IA 52402 42-1051931	FRATERNAL	IA	7		PROPERTIES	X	
BETA GAMMA 333 CHARLES STREET EAST LANSING, MI 48823 38-2830113	FRATERNAL	MI	7		PROPERTIES	X	
BETA KAPPA 2770 WESTBROOK CRESCENT VANCOUVER, BRITISH COLUMBIA BC V6T 2	FRATERNAL	CANADA			PROPERTIES	X	
BETA PHI 1415 N JORDAN AVENUE BLOOMINGTON, IN 47406 35-6007534	FRATERNAL	IN	7		PROPERTIES	X	
BETA TAU 24 MADISON AVENUE TORONTO, ONTARIO ON M5R 2S1 CANADA	FRATERNAL	CANADA			PROPERTIES	X	
BETA ZETA 1000 CHASTAIN ROAD KENNESAW, GA 30144 36-0623191	FRATERNAL	GA	7		PROPERTIES	X	

Part II Continuation of 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 section 501(c)(3))	(F) Direct controlling entity	(G) Sec 512(b)(13) controlled entity?	
						Yes	No
CHI EPSILON 84 EAST 15TH AVENUE COLUMBUS, OH 43201 31-1363913	FRATERNAL	OH	7		PROPERTIES	X	
CHI LAMBDA 2032 LINCOLN AVENUE EVANSVILLE, IN 47714 35-6042299	FRATERNAL	IN	7		PROPERTIES	X	
CHI PHI 4085 CALDERWOOD DRIVE AIKEN, SC 29801 03-0603547	FRATERNAL	SC	7		PROPERTIES	X	
CHI THETA 600 NORTH GRAND AVENUE TAHLEQUAH, OK 74464 73-1529301	FRATERNAL	OK	7		PROPERTIES	X	
DELTA 25 WHITFIELD ROAD SOMERVILLE, MA 02144 04-2998098	FRATERNAL	MA	7		PROPERTIES	X	
DELTA BETA P.O. BOX 44823 LAFAYETTE, LA 70504 23-7446818	FRATERNAL	LA	7		PROPERTIES	X	
DELTA KAPPA 39 RIDGEMOOR CLAYTON, MO 63105 30-0553478	FRATERNAL	MO	7		PROPERTIES	X	
DELTA LAMBDA 57 LEE ROAD COLUMBUS, GA 31807 35-2312633	FRATERNAL	GA	7		PROPERTIES	X	
DELTA OMEGA 2040 UNIVERSITY STATION MURRAY, KY 42071-3301 61-0847225	FRATERNAL	KY	7		PROPERTIES	X	

Part II Continuation of 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 section 501(c)(3))	(F) Direct controlling entity	(G) Sec 512(b)(13) controlled entity?	
						Yes	No
DELTA PI A110 PANHELLENIC HALL WARRENSBURG, MO 64093 23-7116888	FRATERNAL	MO	7		PROPERTIES	X	
DELTA PSI 16 CORINA COURT WATERLIET, NY 12189-1135 36-4662944	FRATERNAL	NY	7		PROPERTIES	X	
DELTA RHO 2250 N. SHEFFIELD AVENUE, ROOM 201 CHICAGO, IL 60614-3673 38-3806742	FRATERNAL	IL	7		PROPERTIES	X	
DELTA SIGMA 408 S. 8TH STREET SAN JOSE, CA 95112-3835 77-0167938	FRATERNAL	CA	7		PROPERTIES	X	
DELTA TAU 704 JOHN WRIGHT DRIVE HUNTSVILLE, AL 35899 45-3022096	FRATERNAL	AL	7		PROPERTIES	X	
DELTA THETA P.O. BOX 424308 DENTON, TX 76204-4308 75-1973652	FRATERNAL	TX	7		PROPERTIES	X	
DELTA XI 5500 WABASH AVENUE TERRE HAUTE, IN 47803-3920 36-4603709	FRATERNAL	IN	7		PROPERTIES	X	
EPSILON CHI 100 CAMPUS DRIVE ELON, NC 27244-9423 56-1560713	FRATERNAL	NC	7		PROPERTIES	X	
EPSILON GAMMA 1838 8TH AVENUE GREELEY, CO 80631-5693 84-1535755	FRATERNAL	CO	7		PROPERTIES	X	

Part II Continuation of 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 section 501(c)(3))	(F) Direct controlling entity	(G) Sec 512(b)(13) controlled entity?	
						Yes	No
EPSILON OMEGA 521 LANCASTER AVENUE RICHMOND, KY 40475-3100 61-1117830	FRATERNAL	KY	7		PROPERTIES	X	
EPSILON SIGMA 1810 LIND STREET QUINCY, IL 62301-2219 37-1390535	FRATERNAL	IL	7		PROPERTIES	X	
GAMMA 6 PENOBSCOT HALL ORONO, ME 04469-0001 01-0345989	FRATERNAL	ME	7		PROPERTIES	X	
GAMMA CHI 30 BUJOLD COURT KANATA, ONTARIO ON K2L 3N5 CANADA	FRATERNAL	CANADA			PROPERTIES	X	
GAMMA OMICRON 819 WEST PANHELLENIC DRIVE GAINESVILLE, FL 32601-7864 59-6169196	FRATERNAL	FL	7		PROPERTIES	X	
GAMMA SIGMA 33 GLIMMER STREET ATLANTA, GA 30303-3044 23-7384699	FRATERNAL	GA	7		PROPERTIES	X	
GAMMA THETA 4202 EAST FOWLER AVENUE TAMPA, FL 33620-9951 65-0176027	FRATERNAL	FL	7		PROPERTIES	X	
IOTA CHI 222 BROUGHDALE AVENUE ONTARIO ON N6A 2K8 CANADA	FRATERNAL	CANADA			PROPERTIES	X	
IOTA SIGMA 2007 GREELEY STREET AMES, IA 50014 23-7137535	FRATERNAL	IA	7		PROPERTIES	X	

Part II Continuation of 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 section 501(c)(3))	(F) Direct controlling entity	(G) Sec 512(b)(13) controlled entity?	
						Yes	No
KAPPA ALPHA 122 LINCOLN QUADBOX TERRE HAUTE, IN 47809 35-6022575	FRATERNAL	IN	7		PROPERTIES	X	
KAPPA CHI NSU BOX 4449 NATCHITOCHES, LA 71497 04-3621433	FRATERNAL	LA	7		PROPERTIES	X	
KAPPA GAMMA 111 LAKE HOLLINGSWORTH DRIVE LAKELAND, FL 33801 65-0350928	FRATERNAL	FL	7		PROPERTIES	X	
KAPPA KAPPA 4319 WEST CLARA LANE MUNCIE, IN 47304 35-6037105	FRATERNAL	IN	7		PROPERTIES	X	
KAPPA LAMBDA 2500 UNIVERSITY DRIVE CALGARY, ALBERTA AB T2N 1N4 CANADA	FRATERNAL	CANADA			PROPERTIES	X	
KAPPA OMEGA 368 ROSE STREET LEXINGTON, KY 40508-3027 31-1040166	FRATERNAL	KY	7		PROPERTIES	X	
KAPPA OMICRON 2000 N PARKWAY MEMPHIS, TN 38112-1624 62-6046636	FRATERNAL	TN	7		PROPERTIES	X	
KAPPA RHO 1500 FRATERNITY VILLAGE KALAMAZOO, MI 49006-5937 38-2703146	FRATERNAL	MI	7		PROPERTIES	X	
KAPPA SIGMA AOII123 HAGESTAD STUDENT CENTER RIVER FALLS, WI 54022 52-1830878	FRATERNAL	WI	7		PROPERTIES	X	

Part II Continuation of 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 section 501(c)(3))	(F) Direct controlling entity	(G) Sec 512(b)(13) controlled entity?	
						Yes	No
LAMBDA ALPHA 732 N. SAN ANTONIO AVENUE UPLAND, CA 91786-4536 83-0474128	FRATERNAL	CA	7		PROPERTIES	X	
LAMBDA BETA 3980 EAST 8TH STREET LONG BEACH, CA 90804-5317 46-0474128	FRATERNAL	CA	7		PROPERTIES	X	
LAMBDA CHI 601 BROAD STREET LAGRANGE, GA 30240-2955 58-1750325	FRATERNAL	GA	7		PROPERTIES	X	
LAMBDA EPSILON 300 KEATS WAY WATERLOO, ONTARIO ON N2L 6E6 CANADA	FRATERNAL	CANADA			PROPERTIES	X	
LAMBDA ETA 10326 42ND AVENUE ALLENDALE, MI 49401-8333 38-2912240	FRATERNAL	MI	7		PROPERTIES	X	
LAMBDA OMICRON 1023 AVENTURA AVENUE MOUNT JULIET, TN 37122-6440 62-1817904	FRATERNAL	TN	7		PROPERTIES	X	
LAMBDA SIGMA 1190 S. MILLEDGE AVENUE ATHENS, GA 30605-1326 58-1598179	FRATERNAL	GA	7		PROPERTIES	X	
LAMBDA TAU P. O. BOX 7524 MONROE, LA 71211-7524 23-7368057	FRATERNAL	LA	7		PROPERTIES	X	
LAMBDA UPSILON 39 UNIVERSITY PLACE BETHLEHEM, PA 18015-3000 91-1923724	FRATERNAL	PA	7		PROPERTIES	X	

Part II Continuation of 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 section 501(c)(3))	(F) Direct controlling entity	(G) Sec 512(b)(13) controlled entity?	
						Yes	No
MU LAMBDA 1000 HOLT AVENUE WINTER PARK, FL 32789-4499 04-3631875	FRATERNAL	FL	7		PROPERTIES		X
IOTA 706 S. MATHEWS URBANA, IL 61801-3604 37-6034025	FRATERNAL	IL	7		PROPERTIES		X
NU BETA P.O. BOX 7987 UNIVERSITY, MI 38677-7987 64-0820041	FRATERNAL	MS	7		PROPERTIES		X
OMEGA OMICRON 705 LAMBUTH BOULEVARD JACKSON, TN 38301-5280 62-6046772	FRATERNAL	TN	7		PROPERTIES		X
OMEGA SIGMA 211 STUDENT UNION STILLWATER, OK 74078 45-5225163	FRATERNAL	OK	7		PROPERTIES		X
OMEGA UPSILON 8 CHURCH STREET ATHENS, OH 45701-2434 31-1237595	FRATERNAL	OH	7		PROPERTIES		X
PHI CHI 5454 S. SHORE DRIVE CHICAGO, IL 60615-5919 36-3459586	FRATERNAL	IL	7		PROPERTIES		X
PHI LAMBDA ONE UNIVERSITY PLAZA YOUNGSTOWN, OH 44555 45-4312735	FRATERNAL	OH	7		PROPERTIES		X
PHI SIGMA 1700 UNIVERSITY DRIVE KEARNEY, NE 68845 51-0211350	FRATERNAL	NE	7		PROPERTIES		X

Part II Continuation of 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 section 501(c)(3))	(F) Direct controlling entity	(G) Sec 512(b)(13) controlled entity?	
						Yes	No
PI ALPHA SWAIN STUDENT ACTIVITIES CTR W301 LOUISVILLE, KY 40292-0001 91-1923722	FRATERNAL	KY	7		PROPERTIES	X	
PI DELTA 4517 COLLEGE AVENUE COLLEGE PARK, MD 20740-3323 52-0597976	FRATERNAL	MD	7		PROPERTIES	X	
PI THETA P.O. BOX 4825 MIAMI, FL 33265-4825 58-2614249	FRATERNAL	FL	7		PROPERTIES	X	
RHO BETA P.O. BOX 842032 RICHMOND, VA 23284-2032 35-2311160	FRATERNAL	VA	7		PROPERTIES	X	
RHO OMICRON 1301 EAST MAIN STREET MURFESBORO, TN 37130 62-1213381	FRATERNAL	TN	7		PROPERTIES	X	
SIGMA ALPHA 299 PROSPECT STREET MORGANTOWN, WV 26505-5010 55-0675824	FRATERNAL	WV	7		PROPERTIES	X	
SIGMA BETA 5600 CITY AVENUE, 3RD FLOOR PHILADELPHIA, PA 19131 51-0577197	FRATERNAL	PA	7		PROPERTIES	X	
SIGMA CHI 17 MAPLE STREET ONEONTA, NY 13820-1940 16-6052202	FRATERNAL	NY	7		PROPERTIES	X	
SIGMA GAMMA ASU BOX 8959 BOONE, NC 28608-1030 32-0278627	FRATERNAL	NC	7		PROPERTIES	X	

Part II Continuation of 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 section 501(c)(3))	(F) Direct controlling entity	(G) Sec 512(b)(13) controlled entity?	
						Yes	No
SIGMA OMICRON P.O. BOX 928 STATE UNIVERSITY, AR 72467-0928 71-6066577	FRATERNAL	AR	7		PROPERTIES	X	
SIGMA PHI 9210 ZELZAH AVENUE NORTHBRIDGE, CA 91325-2341 95-6206232	FRATERNAL	CA	7		PROPERTIES	X	
SIGMA RHO B 105 UNIVERSITY UNION SLIPPERY ROCK, PA 16057 23-7425246	FRATERNAL	PA	7		PROPERTIES	X	
SIGMA TAU 300 WASHINGTON AVENUE CHESTERTOWN, MD 21260-1438 52-1066065	FRATERNAL	MD	7		PROPERTIES	X	
TAU 1121 FIFTH STREET SE MINNEAPOLIS, MN 55414-1919 36-3585969	FRATERNAL	MN	7		PROPERTIES	X	
TAU GAMMA 320 COLLEGE AVENUE CHENEY, WA 99004-1624 91-1440036	FRATERNAL	WA	7		PROPERTIES	X	
TAU LAMBDA 19 NORTH EARL STREET SHIPPENSBURG, PA 17257-1203 31-1127750	FRATERNAL	PA	7		PROPERTIES	X	
TAU OMEGA 300 NORTH BROADWAY LEXINGTON, KY 40508-1797 61-1102879	FRATERNAL	KY	7		PROPERTIES	X	
TAU OMICRON UTM CAMPUS BOX 126 MARTIN, TN 38238-0001 62-0984564	FRATERNAL	TN	7		PROPERTIES	X	

Part II Continuation of 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 section 501(c)(3))	(F) Direct controlling entity	(G) Sec 512(b)(13) controlled entity?	
						Yes	No
THETA BETA P.O. BOX 4092 TOWSON, MD 21252-0001 25-1532804	FRATERNAL	MD	7		PROPERTIES		X
THETA CHI 3609 PETERS AVENUE SIOUX CITY, IA 51106-1722 32-0301511	FRATERNAL	IA	7		PROPERTIES		X
THETA IOTA 333 SOUTH TWIN OAKS VALLEY SAN MARCOS, CA 92096 45-5226348	FRATERNAL	CA	7		PROPERTIES		X
THETA OMEGA 809 W. RIORDAN ROAD FLAGSTAFF, AZ 86001-0810 86-0712496	FRATERNAL	AZ	7		PROPERTIES		X
THETA PI 1 CAMPUS ROAD STATEN ISLAND, NY 10301-4479 13-6162700	FRATERNAL	NY	7		PROPERTIES		X
UPSILON LAMBDA P.O. BOX 691982 SAN ANTONIO, TX 78269-1982 47-0814205	FRATERNAL	TX	7		PROPERTIES		X
XI 1411 ELM AVENUE NORMAN, OK 73072-6422 71-0885775	FRATERNAL	OK	7		PROPERTIES		X
XI OMICRON P.O. BOX 2758 FAYETTEVILLE, AR 72702-2758 83-0474870	FRATERNAL	AR	7		PROPERTIES		X
ZETA 1541 S. STREET LINCOLN, NE 68502-2449 47-6030295	FRATERNAL	NE	7		PROPERTIES		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

[illegible]

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-s)	(C) Amount involved	(D) Method of determining amount involved
LAMBDA BETA	D	7,353.	CASH
LAMBDA BETA	J	35,424.	CASH
IOTA	J	169,353.	CASH
OMEGA UPSILON	D	51,580.	CASH
OMEGA UPSILON	J	143,018.	CASH
PI DELTA	J	115,000.	CASH
SIGMA ALPHA	J	40,000.	CASH
SIGMA CHI	J	31,878.	CASH
TAU GAMMA	J	18,000.	CASH
XI	J	157,596.	CASH
XI OMICRON	J	306,001.	CASH
ZETA PSI	J	49,440.	CASH

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SCHEDULE O - SUPPLEMENTAL INFORMATION

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ALPHA OMICRON PI PROPERTIES, INC.

51-0426239

12/11/13

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FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
PROFESSIONAL FEES	350,823.			
TOTAL	\$ 350,823.	\$ 0.	\$ 0.	\$ 0.