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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.
► Information about Form 990 and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 7/01 , 2013, and ending 6/30 , 2014

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 $ 3,388,548.

F Name and address of principal officer.
SAME AS C ABOVE

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status: [ ] 501(c)(3) [X] 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: [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of formation: 2005

M State of legal domicile: TN

Part I Summary

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

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
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 2013 (Part V, line 2a)	5	7
6	Total number of volunteers (estimate if necessary)	6	7
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	50,013.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		
9	Program service revenue (Part VIII, line 2g)	2,928,469.	3,274,430.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	64,796.	70,118.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,046.	44,000.
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,040,311.	3,388,548.
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)	318,067.	490,177.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ►		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,091,996.	2,243,346.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,410,063.	2,733,523.
19	Revenue less expenses. Subtract line 18 from line 12	630,248.	655,025.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	22,896,961.	30,253,070.
21	Total liabilities (Part X, line 26)	10,845,907.	17,546,991.
22	Net assets or fund balances Subtract line 21 from line 20	12,051,054.	12,706,079.

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DEC 29 2014
OGDEN, UT
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date 12/9/14

TROYLYN LEFORGE — EXECUTIVE DIR.
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
JAMES P. LEUTENEGGER, CPA	JAMES P. LEUTENEGGER, CPA	12-5-14		P00083115

Firm's name ► WESTBROOK MCGRATH BRIDGES ORTH & BRAY
Firm's address ► 2810 PREMIERE PARKWAY, STE 200
DULUTH, GA 30097

Firm's EIN ► 58-1809384
Phone no (770) 622-9885

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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*	1		X
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If 'Yes,' complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If 'Yes,' complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		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*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If 'Yes,' complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI, and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, 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		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If 'Yes,' complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If 'Yes,' complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I (see instructions)*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20 a	Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H*	20		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organizations or government 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 or other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,' go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I*	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	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		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	22		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	X	
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No' to line 3b, provide an explanation in Schedule O*			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If 'Yes,' enter the name of the foreign country: ►					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	0.			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	0.			
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	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.	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*			14b		

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 or note to any line in this Part VI X

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . 1a 7 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 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		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 . .	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . .	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		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?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O* . . .	9		X

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

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

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 Contractors

Check if Schedule O contains a response or note to any line 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) JULIE BISHOP BOARD DIRECTOR	8 0	X						0.	0.	0.
(3) GAYLE FITZPATRICK BOARD DIRECTOR	8 0	X						0.	0.	0.
(4) LISA T HAUSER BOARD VP	8 0	X						0.	0.	0.
(5) KRISTA WHIPPLE BD TREASURER	8 0	X		X				0.	0.	0.
(6) BARB ZIPPERIAN DIRECTOR	8 0	X						0.	0.	0.
(7) TROYLYN LEFORGE EXECUTIVE DIR.	20 0			X				0.	0.	0.
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organiza - tions 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
		or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	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

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes' complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*	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-OUTSOURCED DIRECTOR OF FINANCE 6030 BETHELVIEW RD STE 4	ACCOUNTING	379,179.
CSL MANAGEMENT LLC 2020 FIELDSTONE PKWY STE 900-138 FRANKLIN, TN 370	MANAGEMENT	429,008.
JOHN HARRIS 501 UNION STREET, 7TH FLOOR NASHVILLE, TN 37219	LEGAL	141,218.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ► 3

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a-1f					
PROGRAM SERVICE REVENUE		Business Code				
	2a LEASE INCOME	531110	2,156,085.	2,156,085.		
	b MANAGEMENT FEES	531110	1,009,556.	1,009,556.		
	c INVESTMENT FEE RESERVE	531110	92,220.	92,220.		
	d INTEREST ON CHAPTER LOANS	531110	13,910.	13,910.		
	e MISCELLANEOUS	531110	2,659.	2,659.		
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		3,274,430.			
	3 Investment income (including dividends, interest and other similar amounts)		21,181.		6,013.	15,168.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		44,000.		44,000.	
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	48,937.				
	b Less. cost or other basis and sales expenses					
	c Gain or (loss)	48,937.				
	d Net gain or (loss)		48,937.			48,937.
OTHER REVENUE	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d					
	12 **Total revenue.** See instructions		3,388,548.	3,274,430.	50,013.	64,105.

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 or note to any line 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	486,390.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,787.			
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	399,340.			
b Legal				
c Accounting				
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) amount, list line 11g expenses on Schedule O) SCH O	576,013.			
12 Advertising and promotion				
13 Office expenses	53,435.			
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	553,050.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	683,138.			
23 Insurance	110,703.			
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 PROGRAM EXPENSES	108,811.			
b RENT	52,230.			
c REPAIRS & MAINTENANCE	38,924.			
d BAD DEBT EXPENSE	-332,298.			
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	2,733,523.			
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 Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash — non-interest-bearing		1,637,210.	1	1,947,314.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		208,177.	4	878,979.
	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		829,175.	7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	150,720.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 29,636,085.			
	b	Less: accumulated depreciation	10b 4,197,402.	20,087,192.	10c	25,438,683.
	11	Investments — publicly traded securities			11	1,520,095.
	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		135,207.	15	317,279.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		22,896,961.	16	30,253,070.
LIABILITIES	17	Accounts payable and accrued expenses		692,585.	17	543,263.
	18	Grants payable			18	
	19	Deferred revenue			19	2,661,000.
	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		9,986,029.	23	14,342,728.
	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		167,293.	25	
	26	**Total liabilities.** Add lines 17 through 25		10,845,907.	26	17,546,991.
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		12,051,054.	27	12,706,079.
	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		12,051,054.	33	12,706,079.
	34	Total liabilities and net assets/fund balances.		22,896,961.	34	30,253,070.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,388,548.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,733,523.
3	Revenue less expenses. Subtract line 2 from line 1	3	655,025.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,051,054.
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	12,706,079.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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	2a		X
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	2b	X	
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

ALPHA OMICRON PI PROPERTIES, INC.

Employer identification number

51-0426239

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.	2d

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

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

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

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

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

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

9 In Part 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
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explantion 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 year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the 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%.

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	4,453,112.			4,453,112.
b Buildings	11,257,261.		2,133,072.	9,124,189.
c Leasehold improvements	13,445,221.		1,884,639.	11,560,582.
d Equipment	480,491.		179,691.	300,800.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				25,438,683.

Part VII Investments – Other Securities. N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments – Program Related. N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 25.)* ►	

2. Liability for uncertain tax positions. 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 [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,388,548.
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	3,388,548.
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	3,388,548.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,733,523.
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	2,733,523.
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	2,733,523.

Part XIII Supplemental Information.

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 POSTIONS TAKEN ON RETURNS FILED FOR THE OPEN TAX YEARS (YEARS ENDED JUNE 30, 2011, 2012 AND 2013), OR EXPECTED TO BE TAKEN IN THE FRATERNITY'S TAX RETURN FOR THE YEAR ENDED JUNE 30, 2014. THE FRATERNITY IDENTIFIES ITS MAJOR TAX

Part XIII Supplemental Information *(continued)*

PART X - FIN 48 FOOTNOTE (CONTINUED)

JUSRISDICTIONS 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)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*	2013 Open to Public Inspection

Name of the organization	Employer identification number
ALPHA OMICRON PI PROPERTIES, INC.	51-0426239

FORM 990, PART V, LINE 13A - ADDITIONAL INFORMATION THE ORGANIZAITON 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 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 INTHE BOARD MINUTES.

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.

Name of the organization: ALPHA OMICRON PI PROPERTIES, INC.

Employer identification number: 51-0426239

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

Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

ALPHA OMICRON PI PROPERTIES, INC.

Employer identification number

51-0426239

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

(a) Name, address, and EIN (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' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity? Yes	(g) Sec 512(b)(13) controlled entity? No
(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' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) Disproportionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1)												
(2)												
(3)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity? Yes	(i) Sec 512(b)(13) controlled entity? No
(1)									
(2)									
(3)									

Part V Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

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

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related 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	387,360.	CASH
(3) IOTA SIGMA	J	90,000.	CASH
(4) KAPPA OMEGA	J	83,333.	CASH
(5) KAPPA OMICRON	J	30,798.	CASH
(6) LAMBDA BETA	J	35,424.	CASH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

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	(G) Sec 512(b)(13) controlled entity? 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 1220 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	(G) 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 471 UNIVERSITY PARKWAY 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 1 BROOKINGS DRIVE BOX 1 ST. LOUIS, MO 63130 30-0553478	FRATERNAL	MO	7		PROPERTIES	X	
DELTA LAMBDA 4225 UNIVERSITY AVE. COLUMBUS, GA 31909 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	(G) No
DELTA PI A110 PANHELLENIC HALL WARRENSBURG, MO 64093 23-7116888	FRATERNAL	MO	7		PROPERTIES	X	
DELTA PSI 1400 WASHINGTON AVE. ALBANY, NY 12222 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 CAMPUS BOX 8687 ELON, NC 27244 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	(G) No
EPSILON OMEGA 302 WELL LANE NICHOLASVILLE, KY 40356 61-1117830	FRATERNAL	KY	7		PROPERTIES	X	
EPSILON SIGMA 906 NORTH 20TH STREET QUINCY, IL 62301 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 GILMER 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	(G) No
KAPPA ALPHA 122 LINCOLN QUAD BOX 166 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 4805 N. TILLOTSON AVE. 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 410 S. 3RD STREET 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	(G) No
LAMBDA ALPHA 1950 3RD STREET LA VERNE, CA 91750 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 1 CUMBERLAND SQUARE LEBANON, TN 37087 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 107 HILL DRIVE BLDG 107 LEHI BETHLEHEM, PA 18015 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	(G) Sec 512(b)(13) controlled entity? 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 250 REBEL DRIVE UNIVERSITY, MS 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 1414 EAST 59TH STREET CHICAGO, IL 60637 36-3459586	FRATERNAL	IL	7		PROPERTIES	X	
PHI LAMBDA ONE UNIVERSITY PLAZA YOUNGSTOWN, OH 44555 45-4312735	FRATERNAL	OH	7		PROPERTIES	X	
PHI SIGMA 1701 UNIVERSITY DR. POD C 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	(G) No
PI ALPHA SWAIN STUDENT ACTIVITIES CTR W310 LOUISVILLE, KY 40292 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 9012 LAKE PARK CIRCLE, S. DAVIE, FL 33328 58-2614249	FRATERNAL	FL	7		PROPERTIES	X	
RHO BETA 910 WEST FRANKLIN STREET RICHMOND, VA 23284 35-2311160	FRATERNAL	VA	7		PROPERTIES	X	
RHO OMICRON 1301 EAST MAIN STREET MURFEESBORO, 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	(G) Sec 512(b)(13) controlled entity? No
SIGMA OMICRON P.O. BOX 928 STATE UNIVERSITY, AR 72467-0928 71-6066577	FRATERNAL	AR	7		PROPERTIES	X	
SIGMA PHI 9210 ZELZAH AVENUE NORTHRIDGE, CA 91325-2341 95-6206232	FRATERNAL	CA	7		PROPERTIES	X	
SIGMA RHO 1 MORROW WAY SLIPPERY ROCK, PA 16057 23-7425246	FRATERNAL	PA	7		PROPERTIES	X	
SIGMA TAU 300 WASHINGTON AVENUE CHESTERTOWN, MD 21260-1438 52-1067065	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 213 BOLING UNIVERSITY CENTER MARTIN, TN 38237 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	(G) Sec 512(b)(13) controlled entity? No
THETA BETA 8000 YORK ROAD SGA OFFICE TOWSON, MD 21252-0001 25-1532804	FRATERNAL	MD	7		PROPERTIES	X	
THETA CHI 3609 PETERS AVENUE PMB 1525 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 #113 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 712 W. MAPLE STREET FAYETTEVILLE, AR 72701 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

(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	(G) No
ZETA PSI 805 JOHNSTON STREET GREENVILLE, NC 27858-2420 58-1373398	FRATERNAL	NC	7		PROPERTIES	X	
ALPHA 2920 BROADWAY AVENUE NEW YORK, NY 10027 46-2712694	FRATERNAL	NY	7		PROPERTIES	X	
ALPHA PHI 1119 S. 5TH AVENUE BOZEMAN, MT 59715 81-6014300	FRATERNAL	MT	7		PROPERTIES	X	
ALPHA PI 5390 VIRGINIA WAY BRENTWOOD, TN 37027 46-4037438	FRATERNAL	TN	7		PROPERTIES	X	
ALPHA RHO 5390 VIRGINIA WAY BRENTWOOD, TN 37027 46-5635883	FRATERNAL	TN	7		PROPERTIES	X	
BETA CHI 3000 FREDERICA ST. OWENSBORO, KY 42301 46-2286854	FRATERNAL	KY	7		PROPERTIES	X	
BETA UPSILON 1150 DOUGLAS PIKE SMITHFIELD, RI 02917 45-5225636	FRATERNAL	RI	7		PROPERTIES	X	
CHI PSI 1917 MARSHALLFIELD LANE #3 REDONDO BEACH, CA 90278 77-0149941	FRATERNAL	CA	7		PROPERTIES	X	
DELTA DELTA 201 WIRE RD. AUBURN, AL 36849 63-0072064	FRATERNAL	AL	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	(G) No
DELTA EPSILON 700 PELLHAM RD., N BOX 3009 JACKSONVILLE, AL 36265 63-1023489	FRATERNAL	AL	7		PROPERTIES	X	
EPSILON ALPHA 15 HIESTER HALL UNIVERSITY PARK, PA 16802 23-7115303	FRATERNAL	PA	7		PROPERTIES	X	
GAMMA ALPHA 4400 UNIVERSITY DRIVE FAIRFAX, VA 22030 56-1244888	FRATERNAL	VA	7		PROPERTIES	X	
GAMMA DELTA 1178 UNIVERSITY OF SOUTH ALABAMA MOBILE, AL 36688 63-1052001	FRATERNAL	AL	7		PROPERTIES	X	
IOTA THETA 400 CEDAR AVENUE WEST LONG BRANCH, NJ 07764 46-2470437	FRATERNAL	NJ	7		PROPERTIES	X	
KAPPA TAU SLU 11665 HAMMOND, LA 70402 23-7164965	FRATERNAL	LA	7		PROERTIES	X	
LAMBDA DELTA 5390 VIRGINIA WAY BRENTWOOD, TN 37027 46-5459555	FRATERNAL	TN	7		PROPERTIES	X	
LAMBDA IOTA 5390 VIRGINIA WAY BRENTWOOD, TN 37027 47-1201064	FRATERNAL	TN	7		PROPERTIES	X	
LAMBDA RHO TCU BOX 2970011 FT. WORTH, TX 76129 46-1567414	FRATERNAL	TX	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	(G) No
NU OMEGA NKU STUDENT UNION 303 NUNN DRIVE HIGHLAND HEIGHT, KY 41099 46-2482585	FRATERNAL	KY	7		PROERTIES	X	
NU OMICRON 2415 KENSINGTON PLACE NASHVILLE, TN 37212 62-0112853	FRATERNAL	TN	7		PROERTIES	X	
OMEGA 176A RICHARD HALL 501 S. OAK STREET OXFORD, OH 45056 31-0360591	FRATERNAL	OH	7		PROPERTIES	X	
OMICRON 1531 CUMBERLAND AVE. KNOXVILLE, TN 37916 62-6044153	FRATERNAL	TN	7		PROPERTIES	X	
PHI BETA UNIVERSITY CENTER BOX 48 EAST STROUDSBUN, PA 18301 23-7356480	FRATERNAL	PA	7		PROPERTIES	X	
PHI GAMMA 5390 VIRGINIA WAY BRENTWOOD, TN 37027 46-4043238	FRATERNAL	TN	7		PROPERTIES	X	
PHI UPSILON STEWART CENTER BOX 690 WEST LAFAYETTE, IN 47906 35-6065247	FRATERNAL	IN	7		PROPERTIES	X	
RHO DELTA 800 LAKESHORE DRIVE BIRMINGHAM, AL 35229 63-1154738	FRATERNAL	AL	7		PROPERTIES	X	
SIGMA 2311 PROSPECT STREET BERKELEY, CA 94704 55-0675824	FRATERNAL	CA	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	(G) No
SIGMA DELTA 1500 EAST FAIRVEIW AVENUE MONTGOMERY, AL 36106 63-0885066	FRATERNAL	AL	7		PROPERTIES	X	
SIGMA THETA 5390 VIRGINIA WAY BRENTWOOD, TN 37027 46-4043238	FRATERNAL	TN	7		PROPERTIES	X	
TAU DELTA 1604 RIVER BEND PLACE DECATUR, AL 35601 46-2694605	FRATERNAL	AL	7		PROPERTIES	X	
THETA PSI 5390 VIRGINIA WAY BRENTWOOD, TN 37027 34-6609166	FRATERNAL		7		PROPERTIES	X	
UPSILON BETA 2608 CARRINGTON POINTE RD. FT. SMITH, AR 72903 46-2277968	FRATERNAL	AR	7		PROPERTIES	X	
UPSILON 1906 N.E. 45TH STREET SEATTLE, WA 98105 91-6112629	FRATERNAL	WA	7		PROPERTIES	X	
XI RHO 2501 IVY DRIVE OAKLAND, CA 94606 46-2125174	FRATERNAL	CA	7		PROPERTIES	X	
ZETA PI 1400 UNIVERSITY BLVD. BOX 62 BIRMINGHAM, AL 35201 63-1075612	FRATERNAL	AL	7		PROPERTIES	X	
ZETA THETA 5390 VIRGINIA WAY BRENTWOOD, TN 37027 46-5699871	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	(G) No
ALPHA MU 5390 VIRGINIA WAY BRENTWOOD, TN 37027 47-2156798	FRATERNAL	PA	7		PROPERTIES	X	
CHI ALPHA 5390 VIRGINIA WAY BRENTWOOD , TN 37027 51-0168354	FRATERNAL	CA	7		PROPERTIES	X	
GAMMA PHI 5390 VIRGINIA WAY BRENTWOOD, TN 37027 47-2199612	FRATERNAL		7		PROPERTIES	X	

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

(A) Name of related organization	(B) Transaction type (a-s)	(C) Amount involved	(D) Method of determining amount involved
IOTA	J	169,353.	CASH
OMEGA SIGMA	J	200,000.	CASH
OMEGA UPSILON	J	143,018.	CASH
PI DELTA	J	115,000.	CASH
SIGMA ALPHA	J	40,000.	CASH
SIGMA CHI	J	15,940.	CASH
TAU GAMMA	J	17,500.	CASH
XI	J	78,798.	CASH
XI OMICRON	J	306,000.	CASH
ZETA PSI	J	24,720.	CASH
PHI GAMMA	J	20,000.	CASH
PHI UPSILON	D	99,000.	CASH
UPSILON	J	200,010.	CASH

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

		(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND-RAISING
PROFESSIONAL FEES		576,013.			
	TOTAL	$ 576,013.	$ 0.	$ 0.	$ 0.

Form **8868**
(Rev January 2014)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at *www.irs.gov/form8868.***

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extention on a previously filed Form 8868.

Electronic filing *(e-file).* You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only . . ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print

File by the due date for filing your return See instructions

Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
ALPHA OMICRON PI PROPERTIES, INC.	51-0426239
Number, street, and room or suite number If a P O box, see instructions.	**Social security number (SSN)**
5390 VIRGINIA WAY	
City, town or post office, state, and ZIP code For a foreign address, see instructions	
BRENTWOOD, TN 37027	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► ROGER M. GALLIVAN, CPA

  Telephone No. ► (615) 370-0920 Fax No. ►
- If the organization does not have an office or place of business in the United States, check this box . . . . . ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . ► [ ]. If it is for part of the group, check this box . ► [ ] and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 15, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [ ] calendar year 20 ____ or

► [X] tax year beginning 7/01, 20 13, and ending 6/30, 20 14

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	**3a**	$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	**3b**	$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	**3c**	$ 0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions