

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
Alpha Omicron Pi Fraternity Inc Group Return

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
5390 Virginia Way

City or town, state or province, country, and ZIP or foreign postal code
Brentwood, TN 37027

D Employer identification number
23-7046541

E Telephone number

G Gross receipts \$ 44,428,916

F Name and address of principal officer:

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

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶ 0190

I Tax-exempt status: 501(c)(3) 501(c) (7) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ www.alphaomicronpi.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1897

M State of legal domicile: TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Provide room & board, as well as support, to members of chapter and housing corporations 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)	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	12
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	56
6 Total number of volunteers (estimate if necessary)	400
7a Total unrelated business revenue from Part VIII, column (C), line 12	139,409
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		0
9 Program service revenue (Part VIII, line 2g)	36,697,989	43,005,281
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	229,328	529,599
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-327,145	-404,814
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,600,172	43,130,066
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		2,236
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,295,801	2,479,693
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	34,565,106	39,913,871
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	36,860,907	42,395,800
19 Revenue less expenses. Subtract line 18 from line 12	-260,735	734,266
Net Assets or Fund Balances	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	93,514,006	92,549,328
21 Total liabilities (Part X, line 26)	38,768,264	37,474,060
22 Net assets or fund balances. Subtract line 21 from line 20	54,745,742	55,075,268

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 2023-03-06
Kaya Miller Executive Direc
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2023-03-06	Check <input type="checkbox"/> if self-employed	PTIN P01386210
Firm's name ▶ Atlanta Tax LLC	Firm's EIN ▶ 82-2140550			
Firm's address ▶ 3355 Lenox Road Suite 750 Atlanta, GA 30326	Phone no. (678) 923-5314			

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:

Provide room & board, as well as support, to members of chapter and housing corporations 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 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 \$)
See Additional Data





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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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 []

Table with 3 columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with multiple rows and columns for tax compliance questions. Rows include sections for employee reporting (2a-2b), foreign accounts (4a-4b), prohibited transactions (5a-5c), charitable contributions (6a-6b), and various organizational requirements (7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b, 15, 16, 17). Columns include question text, a '2a' column with values like 56, 0, and a 'Yes/No' column.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed GA, IN, OK
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: TOM SWAFFORD 5390 VIRGINIA WAY BRENTWOOD, TN 37027 (404) 310-4768

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) Kaya Miller Executive Director	40.00 0.00			X				0 183,583	0	
(2) Kandyce Harbor General Counsel	40.00 0.00					X		0 154,926	0	
(3) Chantel Schieffer International VP	10.00 0.00	X						0 0	0	
(4) Ashley Dumat International VP	10.00 0.00	X						0 0	0	
(5) Gayle Fitzpatrick Director	8.00 0.00	X						0 0	0	
(6) Jaynellen Jenkins International VP	10.00 0.00	X						0 0	0	
(7) Carey Unger International VP	10.00 0.00	X						0 0	0	
(8) Ally Rodriguez Vice President	8.00 0.00	X						0 0	0	
(9) Koren Phillips International VP	10.00 0.00	X						0 0	0	
(10) Jessie Wang-Grimm Director	8.00 0.00	X						0 0	0	
(11) Lacey Bowman Treasurer Intl VP of Finance	10.00 0.00	X		X				0 0	0	
(12) Cindy Visot President	10.00 0.00	X		X				0 0	0	
(13) Susan Bonifield International VP of Finance	10.00 0.00	X		X				0 0	0	
(14) Crystal Combs International President	10.00 0.00	X		X				0 0	0	

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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	0	338,509	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? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
College Fresh, 701 Devonshire Dr Ste C23 Champaign, IL 61820	Food Service	5,768,146
Cintas, 6800 Cintas Blvd Mason, OH 45040	Facility Supplies	296,695
Gill Grilling, 2007 Valley Road Annapolis, MD 21401	Food Service	101,440
FinLogic LLC, 525 Tribble Gap Road 52 Cumming, GA 30028	Accounting	337,771

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 **▶ 4**

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:\$	1g					
	h Total. Add lines 1a-1f ▶						
Program Service Revenue			Business Code				
	2a Member DuesFees - Hous		713990	29,074,838	29,074,838		
	b Member DuesFees - Chap		713990	12,812,617	12,812,617		
	c Other Income		713990	13,908	13,908		
	d Philanthropic Giving		713990	1,103,918	1,103,918		
	e Investment Reserve Fee		531110				
	f All other program service revenue						
9 Total. Add lines 2a-2f. ▶			43,005,281				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			139,409		139,409	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		6b Less: rental expenses					
		6c Rental income or (loss)					
	d Net rental income or (loss) ▶						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		477,764		
		b Less: cost or other basis and sales expenses			87,574		
		c Gain or (loss)			390,190		
	d Net gain or (loss) ▶			390,190	390,190		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a				
	b Less: direct expenses		8b				
	c Net income or (loss) from fundraising events ▶						
	9a Gross income from gaming activities. See Part IV, line 19		9a				
b Less: direct expenses		9b					
c Net income or (loss) from gaming activities ▶							
10a Gross sales of inventory, less returns and allowances		10a	803,084				
b Less: cost of goods sold		10b	1,211,276				
c Net income or (loss) from sales of inventory ▶			-408,192	-408,192			
Miscellaneous Revenue		Business Code					
11a Foreign Currency GL		900001	1,578	1,578			
b Misc Revenue		900001	1,800	1,800			
c							
d All other revenue							
e Total. Add lines 11a-11d ▶			3,378				
12 Total revenue. See instructions ▶			43,130,066	42,990,657	139,409		

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

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	2,236			
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,479,693			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	720			
b Legal	549,365			
c Accounting	1,131,558			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,314			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,349,962			
12 Advertising and promotion				
13 Office expenses	45,068			
14 Information technology				
15 Royalties				
16 Occupancy	9,422,319			
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	312,391			
20 Interest	1,596,429			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,092,427			
23 Insurance	540,660			
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 Chapter Programs	4,597,850	4,597,850		
b Food Costs	6,438,009	6,438,009		
c Chapter Dues & Fees to Affil	3,864,238	3,864,238		
d Philanthropic Giving	1,062,641	1,062,641		
e All other expenses	4,895,920			
25 Total functional expenses. Add lines 1 through 24e	42,395,800	0	0	0
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 <input type="checkbox"/> 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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	17,185,932	1	19,063,153
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	5,692,068	4	5,883,117
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	7,643	7	4,172
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,773,442	9	2,096,496
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	98,385,976		
	b Less: accumulated depreciation	35,149,267		
	11 Investments—publicly traded securities	2,554,565	11	2,265,681
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	93,514,006	16	92,549,328	
Liabilities	17 Accounts payable and accrued expenses	1,256,847	17	1,966,970
	18 Grants payable		18	
	19 Deferred revenue	1,707,509	19	691,090
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	34,731,612	23	33,241,697
	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	1,072,296	25	1,574,303
	26 Total liabilities. Add lines 17 through 25	38,768,264	26	37,474,060
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	54,745,742	27	55,075,268
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	54,745,742	32	55,075,268	
33 Total liabilities and net assets/fund balances	93,514,006	33	92,549,328	

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	43,130,066
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,395,800
3	Revenue less expenses. Subtract line 2 from line 1	3	734,266
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	54,745,742
5	Net unrealized gains (losses) on investments	5	-404,740
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 32, column (B))	10	55,075,268

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other Modified Cas
 If the organization changed its method of accounting from a prior year or checked "Other," explain on 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		No
2b		No
2c		
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 23-7046541

Name: Alpha Omicron Pi Fraternity Inc Group Return

Form 990 (2021)

Form 990, Part III, Line 4a:

To encourage a spirit of fraternity & love among its members. To promote character, dignity, scholarship & college loyalty. To support the best interests of colleges and universities in which chapters are installed and in no way disregard, injure, or sacrifice those interests for the sake of prestige or advancement of the Fraternity or any of its chapters.

TY 2021 Affiliate Listing**Name:** Alpha Omicron Pi Fraternity Inc Group Return**EIN:** 23-7046541**TY 2021 Affiliate Listing**

Name	Address	EIN	Name control
Alpha Omicron Pi Properties	5390 Virginia Way Brentwood, TN 37027	51-0426239	ALPH
Alpha Omicron Pi Chapter Holdings	5390 Virginia Way Brentwood, TN 37027	81-1231125	ALPH
Alpha Chapter	5390 Virginia Way Brentwood, TN 37027	46-2742632	ALPH
Alpha Corporation	5390 Virginia Way Brentwood, TN 37027	46-2712694	ALPH
Alpha Chi Chapter	5390 Virginia Way Brentwood, TN 37027	61-6037498	ALPH
Alpha Chi Corporation	5390 Virginia Way Brentwood, TN 37027	31-0980375	ALPH
Alpha Delta Chapter	5390 Virginia Way Brentwood, TN 37027	23-7139197	ALPH
Alpha Delta Corporation	5390 Virginia Way Brentwood, TN 37027	63-0518914	ALPH
Alpha Epsilon Chapter	5390 Virginia Way Brentwood, TN 37027	81-0758609	ALPH
Alpha Epsilon Corporation	5390 Virginia Way Brentwood, TN 37027	47-5440735	ALPH
Alpha Gamma Chapter	5390 Virginia Way Brentwood, TN 37027	91-6054199	ALPH
Alpha Gamma Corporation	5390 Virginia Way Brentwood, TN 37027	91-6035164	ALPH
Alpha Lambda Chapter	5390 Virginia Way Brentwood, TN 37027	58-1759562	ALPH
Alpha Lambda Corporation	5390 Virginia Way Brentwood, TN 37027	58-1813179	ALPH
Alpha Mu Chapter	5390 Virginia Way Brentwood, TN 37027	47-2166890	ALPH
Alpha Mu Corporation	5390 Virginia Way Brentwood, TN 37027	47-2156798	ALPH
Alpha Nu Chapter	5390 Virginia Way Brentwood, TN 37027	45-3022177	ALPH
Alpha Nu Corporation	5390 Virginia Way Brentwood, TN 37027	45-3022247	ALPH
Alpha Phi Chapter	5390 Virginia Way Brentwood, TN 37027	81-0105370	ALPH
Alpha Phi Corporation	5390 Virginia Way Brentwood, TN 37027	81-6014300	ALPH

FY 2021 Affiliate Listing

Name	Address	EIN	Name control
Alpha Pi Chapter	5390 Virginia Way Brentwood, TN 37027	46-4035857	ALPH
Alpha Pi Corporation	5390 Virginia Way Brentwood, TN 37027	46-4037438	ALPH
Alpha Psi Chapter	5390 Virginia Way Brentwood, TN 37027	91-2125355	ALPH
Alpha Psi Corporation	5390 Virginia Way Brentwood, TN 37027	34-1612736	ALPH
Alpha Rho Chapter	5390 Virginia Way Brentwood, TN 37027	46-5529142	ALPH
Alpha Rho Corporation	5390 Virginia Way Brentwood, TN 37027	46-5635883	ALPH
Alpha Theta Chapter	5390 Virginia Way Brentwood, TN 37027	23-7086679	ALPH
Alpha Theta Corporation	5390 Virginia Way Brentwood, TN 37027	42-1051931	ALPH
Beta Chi Chapter	5390 Virginia Way Brentwood, TN 37027	46-2286821	ALPH
Beta Chi Corporation	5390 Virginia Way Brentwood, TN 37027	46-2286854	ALPH
Chi Lambda Chapter	5390 Virginia Way Brentwood, TN 37027	23-7025674	ALPH
Chi Lambda Corporation	5390 Virginia Way Brentwood, TN 37027	35-6042299	ALPH
Chi Phi Chapter	5390 Virginia Way Brentwood, TN 37027	68-0621496	ALPH
Chi Phi Corporation	5390 Virginia Way Brentwood, TN 37027	03-0603547	ALPH
Chi Psi Chapter	5390 Virginia Way Brentwood, TN 37027	77-0095808	ALPH
Chi Psi Corporation	5390 Virginia Way Brentwood, TN 37027	77-0149941	ALPH
Chi Theta Chapter	5390 Virginia Way Brentwood, TN 37027	73-1517555	ALPH
Chi Theta Corporation	5390 Virginia Way Brentwood, TN 37027	73-1529301	ALPH
Delta Beta Chapter	5390 Virginia Way Brentwood, TN 37027	72-6027675	ALPH
Delta Beta Corporation	5390 Virginia Way Brentwood, TN 37027	23-7446818	ALPH

FY 2021 Affiliate Listing

Name	Address	EIN	Name control
Delta Delta Chapter	5390 Virginia Way Brentwood, TN 37027	63-6050521	ALPH
Delta Delta Corporation	5390 Virginia Way Brentwood, TN 37027	63-0772064	ALPH
Delta Epsilon Chapter	5390 Virginia Way Brentwood, TN 37027	63-1011097	ALPH
Delta Epsilon Corporation	5390 Virginia Way Brentwood, TN 37027	63-1023489	ALPH
Delta Gamma Chapter	5390 Virginia Way Brentwood, TN 37027	82-2000990	ALPH
Delta Gamma Corporation	5390 Virginia Way Brentwood, TN 37027	82-1609598	ALPH
Delta Kappa Chapter	5390 Virginia Way Brentwood, TN 37027	30-0534293	ALPH
Delta Kappa Corporation	5390 Virginia Way Brentwood, TN 37027	30-0553478	ALPH
Delta Lambda Chapter	5390 Virginia Way Brentwood, TN 37027	35-2312647	ALPH
Delta Lambda Corporation	5390 Virginia Way Brentwood, TN 37027	35-2312633	ALPH
Delta Nu Chapter	5390 Virginia Way Brentwood, TN 37027	81-0720375	ALPH
Delta Nu Corporation	5390 Virginia Way Brentwood, TN 37027	47-5252042	ALPH
Delta Omega Chapter	5390 Virginia Way Brentwood, TN 37027	61-6034662	ALPH
Delta Omega Corporation	5390 Virginia Way Brentwood, TN 37027	61-0847225	ALPH
Delta Pi Chapter	5390 Virginia Way Brentwood, TN 37027	43-6051568	ALPH
Delta Pi Corporation	5390 Virginia Way Brentwood, TN 37027	23-7116888	ALPH
Delta Psi Chapter	5390 Virginia Way Brentwood, TN 37027	91-1923726	ALPH
Delta Psi Corporation	5390 Virginia Way Brentwood, TN 37027	36-4662944	ALPH
Delta Rho Chapter	5390 Virginia Way Brentwood, TN 37027	36-4080691	ALPH
Delta Rho Corporation	5390 Virginia Way Brentwood, TN 37027	38-3806742	ALPH

FY 2021 Affiliate Listing

Name	Address	EIN	Name control
Delta Sigma Chapter	5390 Virginia Way Brentwood, TN 37027	77-0289117	ALPH
Delta Sigma Corporation	5390 Virginia Way Brentwood, TN 37027	77-0167938	ALPH
Delta Tau Chapter	5390 Virginia Way Brentwood, TN 37027	45-3021984	ALPH
Delta Tau Corporation	5390 Virginia Way Brentwood, TN 37027	45-3022096	ALPH
Delta Theta Chapter	5390 Virginia Way Brentwood, TN 37027	75-2041588	ALPH
Delta Theta Corporation	5390 Virginia Way Brentwood, TN 37027	75-1973652	ALPH
Delta Xi Chapter	5390 Virginia Way Brentwood, TN 37027	35-2271579	ALPH
Delta Xi Corporation	5390 Virginia Way Brentwood, TN 37027	36-4603709	ALPH
Epsilon Alpha Chapter	5390 Virginia Way Brentwood, TN 37027	23-2110212	ALPH
Epsilon Alpha Corporation	5390 Virginia Way Brentwood, TN 37027	23-7115303	ALPH
Epsilon Chi Chapter	5390 Virginia Way Brentwood, TN 37027	56-1536463	ALPH
Epsilon Chi Corporation	5390 Virginia Way Brentwood, TN 37027	56-1560713	ALPH
Epsilon Gamma Chapter	5390 Virginia Way Brentwood, TN 37027	84-1535755	ALPH
Epsilon Gamma Corporation	5390 Virginia Way Brentwood, TN 37027	90-1038674	ALPH
Epsilon Omega Chapter	5390 Virginia Way Brentwood, TN 37027	61-1202412	ALPH
Epsilon Omega Corporation	5390 Virginia Way Brentwood, TN 37027	61-1117830	ALPH
Epsilon Sigma Chapter	5390 Virginia Way Brentwood, TN 37027	37-1383689	ALPH
Epsilon Sigma Corporation	5390 Virginia Way Brentwood, TN 37027	37-1390535	ALPH
Gamma Alpha Chapter	5390 Virginia Way Brentwood, TN 37027	54-1174926	ALPH
Gamma Alpha Corporation	5390 Virginia Way Brentwood, TN 37027	56-1244888	ALPH

TY 2021 Affiliate Listing

Name	Address	EIN	Name control
Gamma Chapter	5390 Virginia Way Brentwood, TN 37027	01-6019037	ALPH
Gamma Corporation	5390 Virginia Way Brentwood, TN 37027	01-0345989	ALPH
Gamma Delta Chapter	5390 Virginia Way Brentwood, TN 37027	23-7026776	ALPH
Gamma Delta Corporation	5390 Virginia Way Brentwood, TN 37027	63-1052001	ALPH
Gamma Omicron Chapter	5390 Virginia Way Brentwood, TN 37027	59-0651128	ALPH
Gamma Omicron Corporation	5390 Virginia Way Brentwood, TN 37027	59-6169196	ALPH
Gamma Phi Chapter	5390 Virginia Way Brentwood, TN 37027	47-2218560	ALPH
Gamma Phi Corporation	5390 Virginia Way Brentwood, TN 37027	47-2199612	ALPH
Gamma Sigma Chapter	5390 Virginia Way Brentwood, TN 37027	58-6043611	ALPH
Gamma Sigma Corporation	5390 Virginia Way Brentwood, TN 37027	23-7384699	ALPH
Gamma Theta Chapter	5390 Virginia Way Brentwood, TN 37027	65-0334813	ALPH
Gamma Theta Corporation	5390 Virginia Way Brentwood, TN 37027	65-0176027	ALPH
Iota Chapter	5390 Virginia Way Brentwood, TN 37027	37-0670564	ALPH
Iota Corporation	5390 Virginia Way Brentwood, TN 37027	46-1217502	ALPH
Iota Sigma Chapter	5390 Virginia Way Brentwood, TN 37027	42-0947006	ALPH
Iota Sigma Corporation	5390 Virginia Way Brentwood, TN 37027	23-7137535	ALPH
Iota Theta Chapter	5390 Virginia Way Brentwood, TN 37027	46-2470378	ALPH
Iota Theta Corporation	5390 Virginia Way Brentwood, TN 37027	46-2470437	ALPH
Kappa Alpha Chapter	5390 Virginia Way Brentwood, TN 37027	35-6065243	ALPH
Kappa Alpha Corporation	5390 Virginia Way Brentwood, TN 37027	35-6022575	ALPH

FY 2021 Affiliate Listing

Name	Address	EIN	Name control
Kappa Chi Chapter	5390 Virginia Way Brentwood, TN 37027	72-1337094	ALPH
Kappa Chi Corporation	5390 Virginia Way Brentwood, TN 37027	04-3621433	ALPH
Kappa Delta Chapter	5390 Virginia Way Brentwood, TN 37027	81-0771403	ALPH
Kappa Delta Corporation	5390 Virginia Way Brentwood, TN 37027	47-5453471	ALPH
Kappa Gamma Chapter	5390 Virginia Way Brentwood, TN 37027	59-6144062	ALPH
Kappa Gamma Corporation	5390 Virginia Way Brentwood, TN 37027	65-0350928	ALPH
Kappa Kappa Chapter	5390 Virginia Way Brentwood, TN 37027	35-6041571	ALPH
Kappa Kappa Corporation	5390 Virginia Way Brentwood, TN 37027	35-6037105	ALPH
Kappa Omega Chapter	5390 Virginia Way Brentwood, TN 37027	54-1199586	ALPH
Kappa Omega Corporation	5390 Virginia Way Brentwood, TN 37027	31-1040166	ALPH
Kappa Omicron Chapter	5390 Virginia Way Brentwood, TN 37027	62-6047311	ALPH
Kappa Omicron Corporation	5390 Virginia Way Brentwood, TN 37027	62-6046636	ALPH
Kappa Rho Chapter	5390 Virginia Way Brentwood, TN 37027	38-2659930	ALPH
Kappa Rho Corporation	5390 Virginia Way Brentwood, TN 37027	38-2703146	ALPH
Kappa Sigma Chapter	5390 Virginia Way Brentwood, TN 37027	39-1711427	ALPH
Kappa Sigma Corporation	5390 Virginia Way Brentwood, TN 37027	52-1830878	ALPH
Kappa Tau Chapter	5390 Virginia Way Brentwood, TN 37027	72-6027722	ALPH
Kappa Tau Corporation	5390 Virginia Way Brentwood, TN 37027	23-7164965	ALPH
Lambda Alpha Chapter	5390 Virginia Way Brentwood, TN 37027	38-3752879	ALPH
Lambda Alpha Corporation	5390 Virginia Way Brentwood, TN 37027	83-0474525	ALPH

TY 2021 Affiliate Listing

Name	Address	EIN	Name control
Lambda Beta Chapter	5390 Virginia Way Brentwood, TN 37027	95-2397136	ALPH
Lambda Beta Corporation	5390 Virginia Way Brentwood, TN 37027	46-0474128	ALPH
Lambda Chi Chapter	5390 Virginia Way Brentwood, TN 37027	23-7360815	ALPH
Lambda Chi Corporation	5390 Virginia Way Brentwood, TN 37027	58-1750325	ALPH
Lambda Delta Chapter	5390 Virginia Way Brentwood, TN 37027	46-5443097	ALPH
Lambda Delta Corporation	5390 Virginia Way Brentwood, TN 37027	46-5459555	ALPH
Lambda Eta Chapter	5390 Virginia Way Brentwood, TN 37027	38-2798519	ALPH
Lambda Eta Corporation	5390 Virginia Way Brentwood, TN 37027	38-2912240	ALPH
Lambda Iota Chapter	5390 Virginia Way Brentwood, TN 37027	47-1208951	ALPH
Lambda Iota Corporation	5390 Virginia Way Brentwood, TN 37027	47-1201064	ALPH
Lambda Lambda Chapter	5390 Virginia Way Brentwood, TN 37027	82-2028057	ALPH
Lambda Lambda Corporation	5390 Virginia Way Brentwood, TN 37027	82-1742494	ALPH
Lambda Omicron Chapter	5390 Virginia Way Brentwood, TN 37027	62-1799350	ALPH
Lambda Omicron Corporation	5390 Virginia Way Brentwood, TN 37027	62-1817904	ALPH
Lambda Psi Chapter	5390 Virginia Way Brentwood, TN 37027	82-4052292	ALPH
Lambda Psi Corporation	5390 Virginia Way Brentwood, TN 37027	82-3904361	ALPH
Lambda Rho Chapter	5390 Virginia Way Brentwood, TN 37027	46-2163659	ALPH
Lambda Rho Corporation	5390 Virginia Way Brentwood, TN 37027	46-1567414	ALPH
Lambda Sigma Chapter	5390 Virginia Way Brentwood, TN 37027	58-0585827	ALPH
Lambda Sigma Corporation	5390 Virginia Way Brentwood, TN 37027	58-1598179	ALPH

TY 2021 Affiliate Listing

Name	Address	EIN	Name control
Lambda Tau Chapter	5390 Virginia Way Brentwood, TN 37027	72-6022463	ALPH
Lambda Tau Corporation	5390 Virginia Way Brentwood, TN 37027	23-7368057	ALPH
Lambda Upsilon Chapter	5390 Virginia Way Brentwood, TN 37027	23-2301308	ALPH
Lambda Upsilon Corporation	5390 Virginia Way Brentwood, TN 37027	91-1923724	ALPH
Mu Lambda Chapter	5390 Virginia Way Brentwood, TN 37027	03-0416890	ALPH
Mu Lambda Corporation	5390 Virginia Way Brentwood, TN 37027	04-3631875	ALPH
Nu Beta Chapter	5390 Virginia Way Brentwood, TN 37027	64-0413632	ALPH
Nu Beta Corporation	5390 Virginia Way Brentwood, TN 37027	64-0820041	ALPH
Nu Omega Chapter	5390 Virginia Way Brentwood, TN 37027	46-2482535	ALPH
Nu Omega Corporation	5390 Virginia Way Brentwood, TN 37027	46-2482585	ALPH
Nu Omicron Chapter	5390 Virginia Way Brentwood, TN 37027	62-0998415	ALPH
Nu Omicron Corporation	5390 Virginia Way Brentwood, TN 37027	62-0112853	ALPH
Omega Chapter	5390 Virginia Way Brentwood, TN 37027	31-6050641	ALPH
Omega Corporation	5390 Virginia Way Brentwood, TN 37027	31-0360591	ALPH
Omega Sigma Chapter	5390 Virginia Way Brentwood, TN 37027	45-5225522	ALPH
Omega Sigma Corporation	5390 Virginia Way Brentwood, TN 37027	45-5225163	ALPH
Omega Upsilon Chapter	5390 Virginia Way Brentwood, TN 37027	31-1227005	ALPH
Omega Upsilon Corporation	5390 Virginia Way Brentwood, TN 37027	31-1237595	ALPH
Omicron Chapter	5390 Virginia Way Brentwood, TN 37027	62-6051674	ALPH
Omicron Corporation	5390 Virginia Way Brentwood, TN 37027	62-6044153	ALPH

TY 2021 Affiliate Listing

Name	Address	EIN	Name control
Omicron Pi Chapter	5390 Virginia Way Brentwood, TN 37027	81-1484698	ALPH
Omicron Pi Corporation	5390 Virginia Way Brentwood, TN 37027	81-1194319	ALPH
Phi Alpha Chapter	5390 Virginia Way Brentwood, TN 37027	82-1990507	ALPH
Phi Alpha Corporation	5390 Virginia Way Brentwood, TN 37027	82-1909002	ALPH
Phi Beta Chapter	5390 Virginia Way Brentwood, TN 37027	23-7062590	ALPH
Phi Beta Corporation	5390 Virginia Way Brentwood, TN 37027	23-7356480	ALPH
Phi Chi Chapter	5390 Virginia Way Brentwood, TN 37027	36-3377896	ALPH
Phi Chi Corporation	5390 Virginia Way Brentwood, TN 37027	36-3459586	ALPH
Phi Delta Chapter	5390 Virginia Way Brentwood, TN 37027	81-0743887	ALPH
Phi Delta Corporation	5390 Virginia Way Brentwood, TN 37027	47-5428231	ALPH
Phi Gamma Chapter	5390 Virginia Way Brentwood, TN 37027	46-4043219	ALPH
Phi Gamma Corporation	5390 Virginia Way Brentwood, TN 37027	46-4043238	ALPH
Phi Lambda Chapter	5390 Virginia Way Brentwood, TN 37027	83-3879454	ALPH
Phi Lambda Corporation	5390 Virginia Way Brentwood, TN 37027	45-4312735	ALPH
Phi Sigma Chapter	5390 Virginia Way Brentwood, TN 37027	23-7086675	ALPH
Phi Sigma Corporation	5390 Virginia Way Brentwood, TN 37027	51-0211350	ALPH
Phi Upsilon Chapter	5390 Virginia Way Brentwood, TN 37027	35-1113676	ALPH
Phi Upsilon Corporation	5390 Virginia Way Brentwood, TN 37027	35-6065247	ALPH
Pi Alpha Chapter	5390 Virginia Way Brentwood, TN 37027	31-1038534	ALPH
Pi Alpha Corporation	5390 Virginia Way Brentwood, TN 37027	91-1923722	ALPH

FY 2021 Affiliate Listing

Name	Address	EIN	Name control
Pi Delta Chapter	5390 Virginia Way Brentwood, TN 37027	52-0856415	ALPH
Pi Delta Corporation	5390 Virginia Way Brentwood, TN 37027	52-0597976	ALPH
Pi Omicron Chapter	5390 Virginia Way Brentwood, TN 37027	81-0723761	ALPH
Pi Omicron Corporation	5390 Virginia Way Brentwood, TN 37027	47-5275150	ALPH
Pi Theta Chapter	5390 Virginia Way Brentwood, TN 37027	59-3688651	ALPH
Pi Theta Corporation	5390 Virginia Way Brentwood, TN 37027	58-2614249	ALPH
Rho Beta Chapter	5390 Virginia Way Brentwood, TN 37027	32-0211454	ALPH
Rho Beta Corporation	5390 Virginia Way Brentwood, TN 37027	35-2311160	ALPH
Rho Delta Chapter	5390 Virginia Way Brentwood, TN 37027	63-1145420	ALPH
Rho Delta Corporation	5390 Virginia Way Brentwood, TN 37027	63-1154738	ALPH
Rho Omicron Chapter	5390 Virginia Way Brentwood, TN 37027	62-1235379	ALPH
Rho Omicron Corporation	5390 Virginia Way Brentwood, TN 37027	62-1213381	ALPH
Sigma Alpha Chapter	5390 Virginia Way Brentwood, TN 37027	55-0658678	ALPH
Sigma Alpha Corporation	5390 Virginia Way Brentwood, TN 37027	55-0675824	ALPH
Sigma Beta Chapter	5390 Virginia Way Brentwood, TN 37027	52-2454465	ALPH
Sigma Beta Corporation	5390 Virginia Way Brentwood, TN 37027	51-0577197	ALPH
Sigma Chapter	5390 Virginia Way Brentwood, TN 37027	94-6101862	ALPH
Sigma Corporation	5390 Virginia Way Brentwood, TN 37027	47-2360702	ALPH
Sigma Chi Chapter	5390 Virginia Way Brentwood, TN 37027	15-0572089	ALPH
Sigma Chi Corporation	5390 Virginia Way Brentwood, TN 37027	16-6052202	ALPH

TY 2021 Affiliate Listing

Name	Address	EIN	Name control
Sigma Delta Chapter	5390 Virginia Way Brentwood, TN 37027	63-0698283	ALPH
Sigma Delta Corporation	5390 Virginia Way Brentwood, TN 37027	63-0885066	ALPH
Sigma Gamma Chapter	5390 Virginia Way Brentwood, TN 37027	36-4641700	ALPH
Sigma Gamma Corporation	5390 Virginia Way Brentwood, TN 37027	32-0278627	ALPH
Sigma Omicron Chapter	5390 Virginia Way Brentwood, TN 37027	71-6057354	ALPH
Sigma Omicron Corporation	5390 Virginia Way Brentwood, TN 37027	71-6066577	ALPH
Sigma Phi Chapter	5390 Virginia Way Brentwood, TN 37027	95-2461032	ALPH
Sigma Phi Corporation	5390 Virginia Way Brentwood, TN 37027	95-6206232	ALPH
Sigma Rho Chapter	5390 Virginia Way Brentwood, TN 37027	23-7004114	ALPH
Sigma Rho Corporation	5390 Virginia Way Brentwood, TN 37027	23-7425246	ALPH
Sigma Tau Chapter	5390 Virginia Way Brentwood, TN 37027	52-6070830	ALPH
Sigma Tau Corporation	5390 Virginia Way Brentwood, TN 37027	52-1067065	ALPH
Sigma Theta Chapter	5390 Virginia Way Brentwood, TN 37027	46-4066882	ALPH
Sigma Theta Corporation	5390 Virginia Way Brentwood, TN 37027	46-4066906	ALPH
Tau Chapter	5390 Virginia Way Brentwood, TN 37027	41-0120314	ALPH
Tau Corporation in Tennessee	5390 Virginia Way Brentwood, TN 37027	36-3585969	ALPH
Tau Delta Chapter	5390 Virginia Way Brentwood, TN 37027	63-6045609	ALPH
Tau Delta Corporation	5390 Virginia Way Brentwood, TN 37027	46-2694605	ALPH
Tau Gamma Chapter	5390 Virginia Way Brentwood, TN 37027	91-1618250	ALPH
Tau Gamma Corporation	5390 Virginia Way Brentwood, TN 37027	91-1440036	ALPH

FY 2021 Affiliate Listing

Name	Address	EIN	Name control
Tau Lambda Chapter	5390 Virginia Way Brentwood, TN 37027	25-1502007	ALPH
Tau Lambda Corporation	5390 Virginia Way Brentwood, TN 37027	31-1127750	ALPH
Tau Mu Chapter	5390 Virginia Way Brentwood, TN 37027	82-1980488	ALPH
Tau Mu Corporation	5390 Virginia Way Brentwood, TN 37027	82-1732719	ALPH
Tau Omega Chapter	5390 Virginia Way Brentwood, TN 37027	61-1152003	ALPH
Tau Omega Corporation	5390 Virginia Way Brentwood, TN 37027	61-1102879	ALPH
Tau Omicron Chapter	5390 Virginia Way Brentwood, TN 37027	38-6118732	ALPH
Tau Omicron Corporation	5390 Virginia Way Brentwood, TN 37027	62-0984564	ALPH
Theta Beta Chapter	5390 Virginia Way Brentwood, TN 37027	52-1535839	ALPH
Theta Beta Corporation	5390 Virginia Way Brentwood, TN 37027	25-1532804	ALPH
Theta Chi Chapter	5390 Virginia Way Brentwood, TN 37027	42-6090024	ALPH
Theta Chi Corporation	5390 Virginia Way Brentwood, TN 37027	32-0301511	ALPH
Theta Delta Chapter	5390 Virginia Way Brentwood, TN 37027	82-3547463	ALPH
Theta Delta Corporation	5390 Virginia Way Brentwood, TN 37027	82-3545911	ALPH
Theta Iota Chapter	5390 Virginia Way Brentwood, TN 37027	45-5308877	ALPH
Theta Iota Corporation	5390 Virginia Way Brentwood, TN 37027	45-5226348	ALPH
Theta Omega Chapter	5390 Virginia Way Brentwood, TN 37027	86-6052457	ALPH
Theta Omega Corporation	5390 Virginia Way Brentwood, TN 37027	86-0712496	ALPH
Theta Pi Chapter	5390 Virginia Way Brentwood, TN 37027	23-7306840	ALPH
Theta Pi Corporation	5390 Virginia Way Brentwood, TN 37027	13-6162700	ALPH

FY 2021 Affiliate Listing

Name	Address	EIN	Name control
Theta Psi Chapter	5390 Virginia Way Brentwood, TN 37027	34-6556112	ALPH
Theta Psi Corporation	5390 Virginia Way Brentwood, TN 37027	34-6609166	ALPH
Theta Sigma Chapter	5390 Virginia Way Brentwood, TN 37027	81-0702381	ALPH
Theta Sigma Corporation	5390 Virginia Way Brentwood, TN 37027	81-0695149	ALPH
Upsilon Beta Chapter	5390 Virginia Way Brentwood, TN 37027	46-2277895	ALPH
Upsilon Beta Corporation	5390 Virginia Way Brentwood, TN 37027	46-2277968	ALPH
Upsilon Chapter	5390 Virginia Way Brentwood, TN 37027	84-2253255	ALPH
Upsilon Corporation	5390 Virginia Way Brentwood, TN 37027	91-6112629	ALPH
Upsilon Lambda Chapter	5390 Virginia Way Brentwood, TN 37027	31-0983063	ALPH
Upsilon Lambda Corporation	5390 Virginia Way Brentwood, TN 37027	47-0814205	ALPH
Xi Chapter	5390 Virginia Way Brentwood, TN 37027	73-1651030	ALPH
Xi Corporation	5390 Virginia Way Brentwood, TN 37027	71-0885775	ALPH
Xi Omicron Chapter	5390 Virginia Way Brentwood, TN 37027	77-0665311	ALPH
Xi Omicron Corporation	5390 Virginia Way Brentwood, TN 37027	83-0474870	ALPH
Xi Rho Chapter	5390 Virginia Way Brentwood, TN 37027	46-2125058	ALPH
Xi Rho Corporation	5390 Virginia Way Brentwood, TN 37027	46-2125174	ALPH
Zeta Chapter	5390 Virginia Way Brentwood, TN 37027	47-0090410	ALPH
Zeta Corporation	5390 Virginia Way Brentwood, TN 37027	47-6030295	ALPH
Zeta Pi Chapter	5390 Virginia Way Brentwood, TN 37027	63-0966009	ALPH
Zeta Pi Corporation	5390 Virginia Way Brentwood, TN 37027	63-1075612	ALPH

TY 2021 Affiliate Listing

Name	Address	EIN	Name control
Zeta Psi Chapter	5390 Virginia Way Brentwood, TN 37027	56-0816303	ALPH
Zeta Psi Corporation	5390 Virginia Way Brentwood, TN 37027	58-1373398	ALPH
Zeta Theta Chapter	5390 Virginia Way Brentwood, TN 37027	46-5638744	ALPH
Zeta Theta Corporation	5390 Virginia Way Brentwood, TN 37027	46-5699871	ALPH
Delta Chapter	5390 Virginia Way Brentwood, TN 37027	04-2908707	ALPH
Delta Corporation	5390 Virginia Way Brentwood, TN 37027	04-2998098	ALPH
Beta Eta Chapter	5390 Virginia Way Brentwood, TN 37027	81-1652791	ALPH
Beta Eta Corporation	5390 Virginia Way Brentwood, TN 37027	81-1563677	ALPH
Beta Gamma Chapter	5390 Virginia Way Brentwood, TN 37027	38-2887807	ALPH
Beta Gamma Corporation	5390 Virginia Way Brentwood, TN 37027	38-2830113	ALPH
Beta Nu Chapter	5390 Virginia Way Brentwood, TN 37027	81-1633982	ALPH
Beta Nu Corporation	5390 Virginia Way Brentwood, TN 37027	81-1557668	ALPH
Beta Phi Chapter	5390 Virginia Way Brentwood, TN 37027	35-0867577	ALPH
Beta Phi Corporation	5390 Virginia Way Brentwood, TN 37027	35-6007534	ALPH
Beta Sigma Chapter	5390 Virginia Way Brentwood, TN 37027	81-1655639	ALPH
Beta Sigma Corporation	5390 Virginia Way Brentwood, TN 37027	81-1582831	ALPH
Beta Upsilon Chapter	5390 Virginia Way Brentwood, TN 37027	45-5308791	ALPH
Beta Upsilon Corporation	5390 Virginia Way Brentwood, TN 37027	45-5225636	ALPH
Beta Zeta Chapter	5390 Virginia Way Brentwood, TN 37027	35-2383889	ALPH
Beta Zeta Corporation	5390 Virginia Way Brentwood, TN 37027	30-0623191	ALPH

TY 2021 Affiliate Listing

Name	Address	EIN	Name control
Chi Epsilon Chapter	5390 Virginia Way Brentwood, TN 37027	31-1376016	ALPH
Chi Epsilon Corporation	5390 Virginia Way Brentwood, TN 37027	31-1363913	ALPH

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2021 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Alpha Omicron Pi Fraternity Inc Group Return Employer identification number 23-7046541

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor/donor advisor notification.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring costs. Includes a table for 'Held at the End of the Year' with rows 2a-d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures.

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" on 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **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" on 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** Term endowment ▶
- The percentages on 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" on 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" on 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	4,435,920			4,435,920
b Buildings	65,081,906		19,617,572	45,464,334
c Leasehold improvements				
d Equipment	28,868,150		15,531,695	13,336,455
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				63,236,709

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

(a) Description of investment	(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, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on 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, col.(B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Security Deposits	1,574,303
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,574,303

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) 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	
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	

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
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	
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	

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 23-7046541

Name: Alpha Omicron Pi Fraternity Inc Group Return

Supplemental Information

Return Reference	Explanation
Footnote for uncertain tax position under FIN 48 (Part X)	The organization 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 organizations tax positions and concluded that no liability for unrecognized tax benefits should be recorded related to uncertain tax positions take on returns filed for open tax years (years subsequent to June 30, 2018), or expected to be taken in the organizations tax return for the year ended June 30, 2022.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
Alpha Omicron Pi Fraternity Inc Group Return

Employer identification number
23-7046541

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) North America Not the United States			Program services	Support of Members	2,236
(2)					
(3)					
(4)					
(5)					
3a Sub-total					2,236
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					2,236

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		North America Not the United States	Program Support	2,236				
(2)								
(3)								
(4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Alpha Omicron Pi Fraternity Inc Group Return

Employer identification number
23-7046541

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a									
	5b									
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a									
	6b									
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8									
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Kandyce Harbor General Counsel	(i)	-----	-----	-----	-----	-----	-----	
	(ii)	154,926					154,926	
2 Kaya Miller Executive Director	(i)	-----	-----	-----	-----	-----	-----	
	(ii)	183,583					183,583	

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Related organization compensation method (Part I, line 3)	The Executive Board reviews the Executive Directors performance and votes on compensation accordingly. The Executive Board uses data of comparable compensation for similarly qualified persons in functionally comparable positions at similarly situation organizations. The Director of Finance is sent a letter detailing any salary or benefit changes by the Executive Director.

SCHEDULE O
(Form 990)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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

Alpha Omicron Pi Fraternity Inc Group Return

Employer identification number

23-7046541

990 Schedule O, Supplemental Information

Return Reference	Explanation
Management duties delegation Part VI line 3	FinLogic, LLC is retained as an outsourced CFO to assist with the recording and reporting of financial operations consistent with US GAAP.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Member election for additional members Part VI line 7a	Members have the right to vote on law changes and elect the Board of Directors.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 governing body review Part VI line 11	Form 990 is prepared by an independent CPA firm and reviewed by the organizations top management. The reviewed Form 990 is then forwarded to the Board of Directors for review prior to filing.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Conflict of interest policy compliance Part VI line 12c	Employees sign a written conflict policy on date of employment and revisit the policy at each annual review. Board members sign a written conflict policy at first board meeting after election to board.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CEO executive director top management comp Part VI line 15a	The organizations Board of Directors selects the Executive Director whose salary is determined by benchmarks set forth by the National Panhellenic Conference. The Directors salary is approved by the Board and documented in the Board minutes. The Executive Director determines salaries for other employees. The amount of the salaries is then approved by the Board of Directors.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other officer or key employee compensation Part VI line 15b	The organizations Board of Directors selects the Executive Director whose salary is determined by benchmarks set forth by the National Panhellenic Conference. The Directors salary is approved by the Board and documented in the Board minutes. The Executive Director determines salaries for other employees. The amount of the salaries is then approved by the Board of Directors.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Governing documents etc available to public Part VI line 19	Governing documents are available to Alpha Omicron Pi Fraternity, Inc. members on a private website. The financial statements are also available to Alpha Omicron Pi Fraternity, Inc. members via email.

990 Schedule O, Supplemental Information

Return Reference	Explanation
List of other expenses Part IX line 24e	Bad debt expense - \$3,274,413 Panhellenic dues - \$331,915 Recruitment - \$1,289,592

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Alpha Omicron Pi Fraternity Inc Group Return

Employer identification number

23-7046541

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Alpha Omicron Pi Fraternity Inc 5390 Virginia Way Brentwood, TN 37027 23-7046541			501c7		N/A		No
(2) AOII Corps - See Supp Information 5390 Virginia Way Brentwood, TN 37027			501c7		Alpha Omicron Pi Fraternity Inc	Yes	

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?		(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	

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) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on 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.

	Yes	No
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	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	Yes
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Alpha Omicron Pi Fraternity Inc	k	24,000	Cash
(2) Alpha Omicron Pi Fraternity Inc	n	257,220	Cash
(3) Alpha Omicron Pi Fraternity Inc	e	737,000	Cash
(4) Alpha Omicron Pi Fraternity Inc	o	843,794	Cash

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation