efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493120010294 OMB No. 1545-0047 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. Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Inspection Treasury For the 2022 calendar year, or tax year beginning 07-01-2022 , and ending 06-30-2023 C Name of organization D Employer identification number B Check if applicable: Alpha Omicron Pi Fraternity Inc Group Return \square Address change 23-7046541 ■ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite ☐ Amended return \square Application pending City or town, state or province, country, and ZIP or foreign postal code Brentwood, TN $\,$ 37027 G Gross receipts \$ 49,191,406 F Name and address of principal officer: H(a) Is this a group return for ✓Yes □No subordinates? H(b) Are all subordinates ☐ Yes **☑**No included? Tax-exempt status: 501(c)(3) 501(c) (7) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions. 🕏 **H(c)** Group exemption number ▶ Website: ► www.alphaomicronpi.org L Year of formation: 1897 M State of legal domicile: TN **K** Form of organization: lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other lacktriangleSummary 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. Activities & Governance Check this box $\blacktriangleright \sqcup$ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 12 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 35 400 Total number of volunteers (estimate if necessary) . . . 6 126,247 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) Ravenue Program service revenue (Part VIII, line 2g) 43,005,281 42,619,370 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 529,599 1,486,944 **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -404.814 -195,768 43,130,066 43,910,546 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,492 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) 2,479,693 2,380,651 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) **Expenses** 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 39,253,562 39,913,871 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 42,395,800 41,638,705 Revenue less expenses. Subtract line 18 from line 12 . 734,266 2,271,841 Net Assets or Fund Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . 92,549,328 94,937,189 21 Total liabilities (Part X, line 26) . 37,474,060 35,800,718 55,075,268 22 Net assets or fund balances. Subtract line 21 from line 20 . 59,136,471 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 2024-03-30 Signature of officer Sign Here (aya Miller Executive Direc Type or print name and title Print/Type preparer's name Preparer's signature Date Check | if 2024-04-29 P01386210 Paid self-employed Firm's name Atlanta Tax LLC Firm's EIN > 82-2140550 **Preparer** Use Only Firm's address ► 3355 Lenox Road Suite 750 Phone no. (678) 923-5314 Atlanta, GA 30326 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2022)

Form	990 (2022)				Page 2
Pa	rt III Stateme	ent of Program Service Acc	omplishments		
	Check if S	Schedule O contains a response or	note to any line in this Part III		🗆
1	Briefly describe t	he organization's mission:			
Provi	de room & board,	as well as support, to members of	chapter and housing corporations of	of Alpha Omicron Pi Fraternity, In	c
2	Did the organizat	tion undertake any significant prog	gram services during the year which	were not listed on	
	the prior Form 99	90 or 990-EZ?			☐ Yes 🗹 No
	If "Yes," describe	e these new services on Schedule	0.		
3	Did the organizat	tion cease conducting, or make sig	nificant changes in how it conducts,	, any program	
	services?				☐ Yes ☑ No
	If "Yes," describe	e these changes on Schedule O.			
4	Section 501(c)(3		plishments for each of its three larg required to report the amount of gr ervice reported.		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data	i			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	-				
	(C. I.) /5	to all alternations of A) (P	,
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	-				
4d	Other program s	ervices (Describe in Schedule O.)			
	(Expenses \$	including	grants of \$) (Revenue \$)
4e	Total program	service expenses ▶			

14b

15

16

17

18

19

20a

20b

21

Yes

No

Nο

Nο

No

Nο

Νo

No

Form **990** (2022)

Par	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)? <i>If "Yes," complete Schedule A</i>	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_
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? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		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	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 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

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.

lines 1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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), 501(c)(4), and 501(c)(29) 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? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or 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? If "Yes," complete Schedule L, Part II	26		No
.7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
8.	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 242			
h	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1h	i 1		1

1c

OIIII	550 (2022)			Page :
Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)? If "Yes," enter the name of the foreign country:	4a		No
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
•	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No
	solicit any contributions that were not tax deductible as charitable contributions?	Ua		NO
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	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?	7 c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
D	against amounts due or received from them.)			
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.			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?. If "Yes," complete Form 6069.	17		

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Pai	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N 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	o" resp	onse to	✓
Se	ction 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 12			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
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	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe 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	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	162		No

9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
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	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe 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	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
Se	ction 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.			
	Own website Another's website VIIInon request Other (explain in Schedule O)			

Own website Another's website Upon request Other (explain in Schedule O) 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. 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 20

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, box 6 of 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.

Check this box if neither the organization no			ion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted	Position (do not check m than one box, unless per is both an officer and director/trustee) Or director/trustee Or director/trustee					son	(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
	line)	Individual trustee or director	Institutional Trustee		Xey employee	Highest compensated employee	-			
(1) Kaya Miller Executive Director	40.00			х				0	190,903	C
(2) Kandyce Harbor General Counsel	40.00					х		0	160,171	C
(3) Chantel Schieffer International VP	10.00	х						0	0	C
(4) Ashley Dumat International VP	10.00	×						0	0	C
(5) Gayle Fitzpatrick Director	8.00	х						0	0	C
(6) Jaynellen Jenkins International VP	10.00	х						0	0	C
(7) Carey Unger International VP	10.00	Х						0	0	C
(8) Ally Rodriguez Vice President	8.00	Х						0	0	C
(9) Koren Phillips International VP	10.00	х						0	0	C
(10) Jessie Wang-Grimm Director	8.00	×						0	0	C
(11) Lacey Bowman International VP of Finance	10.00	х		х				0	0	C
(12) Cindy Visot President	10.00	х		х				0	0	C
(13) Susan Bonifield International VP of Finance	10.00	Х		х				0	0	C
(14) Crystal Combs International President	10.00	Х		х				0	0	C
	0.00									
					l	1	I			

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

Page 8

	(A) Name and title	Name and title Average hours per than one box, week (list any hours for related						son	Rep comp fro orga	(D) ortable ensation m the nization	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation from the	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		2/1099- 099-NEC)	(W-2/1099- MISC/1099-NE	C)	organizati relati organiza	ed
	1b Sub-Total							\perp						
	otal (add lines 1b and 1c)	•			Ċ		•			0	351,07	4		0
2	Total number of individuals (including of reportable compensation from the			e liste	ed a	bov	e) who	rece	eived mo	ore than \$1	00,000			
													Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>			ee, ke	ey e •	mpl	oyee,	or hi	ghest co	mpensated	l employee on	3		No
4	For any individual listed on line 1a, is organization and related organizations individual										n the	4	V	
5	Did any person listed on line 1a receiv		•						_	tion or ind	ividual for	5	Yes	
Se	ction B. Independent Contract	ors .										5		No
1	Complete this table for your five higher from the organization. Report compen	est compensate										npen	nsation	
	Name a	(A) and business addre	ess							Desc	(B) cription of services		(C Compen	
701 D	e Fresh, evonshire Dr Ste C23 paign, IL 61820									Food Service	•		<u> </u>	.087,564
Cintas 6800										Facility Sup	plies			357,854
Fisher 701 Fi	, Broyles LLP, fth Ave Suite 4200 e, WA 98104									Legal				261,047
FinLog 525 Ti	jic LLC, ribble Gap Road 52 ning, GA 30028									Accounting				367,430
2745	[,] Mark, North 82nd Place n, NE 68507									Facility Mtn	c			112,202

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 ▶ 5

		(2022)								Page 9
Part	VIII				recno	nse or note to any	line in this Part VIII			П
		Check II Sched	auie	O contains a	respo	nse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10 A	1 a	Federated campaig	gns	1	La					
ant	b	Membership dues	•		lb					
s, Grants Amounts		Fundraising events		-	lc					
Sifts lar		Related organization Government grants (ld					
imi.				<u> </u>	Le					
itio: er S	•	All other contributions and similar amounts above	not ir	ncluded	Lf					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribution lines 1a - 1f:\$	s incl		Lg					
ng pu	h	Total. Add lines 1a	a-1f							
<u> </u>						Business Code		T		
	2a	Member DuesFees - H	Hous			713990	28,473,234	28,473,234		
Жe	١.	Member DuesFees - (Chan				12,959,654	12,959,654		
ever	b	, Member Duesrees - (Спар			713990	,,			
Ce H	c	Other Income				713990	17,950	17,950		
Program Service Revenue	d	Philanthropic Giving				713990	1,168,532	1,168,532		
S LUI						713990				
ogra	e									
Δ	f	All other program	carv	ice revenue						
		Total. Add lines 2			•	42,619,370				
	⊢	Investment income					174.606		171 606	
	l	similar amounts). Income from invest			ant he	ond proceeds	171,686		171,686	
	l	B 11:								
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a							
	ь	Less: rental								
		expenses Rental income	6b							
		or (loss)	6с							
	٠	Net rental income	e or (
	73	Gross amount		(i) Securit	ies	(ii) Other				
	' "	from sales of assets other	7a			5,650,40	2			
		than inventory								
	b	Less: cost or other basis and sales expenses	7b	,	45,439	4,289,70	5			
		·								
	l	Gain or (loss) Net gain or (loss)	7c		45,439		7 1,315,258	3	-45,439	1,360,697
	ı	Gross income from fu				• • • •			,	
nue		(not including \$contributions reporte	d on	of line 1c).						
ev ev		See Part IV, line 18			8a					
Other Revenue	ı	Less: direct expen			8b					
the	۹ ا	: Net income or (los	ss) fr	om fundraisi	ng eve	ents >	1			
	9a	Gross income from See Part IV, line 19	gami	ing activities.						
	١,	Less: direct expen			9a 9b					
	ı	: Net income or (los				es	J			
		•	·							
	10	aGross sales of inve returns and allowa	ento: ances	ry, less	10a	745,504				
	Ŀ	Less: cost of good	ls sol	ld	10b	945,716				
	٠	Net income or (los	ss) fr	om sales of i	nvent	ory ►	-200,212	-200,212		
	11	Miscellaneo		evenue		Business Code 900003		4,444		
	- 1	· a Foreign Currency	GL			50000.	- 4,444	4,444		
	l E									
	6	All other revenue	•							
	•	Total. Add lines 1	1a-1	l1d		•	4,444	1		
_	12	Total revenue. S	ee ir	structions .			43,910,546	42,423,602	126,247	1,360,697
							, ==,=	. ,,	,	Form 990 (2022)

Form 990 (2022) Page 10 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 (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. Total expenses general expenses expenses 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 4,492 governments, and foreign individuals. See Part IV, lines 15 and 16. 4 Benefits paid to or for members 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) . 2,380,651 **7** Other salaries and wages 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 10,381 **b** Legal 1,162,488 c Accounting e Professional fundraising services. See Part IV, line 17 12.454 f Investment management fees . g Other (If line 11g amount exceeds 10% of line 25, column 1.457.612 (A) amount, list line 11g expenses on Schedule O) **12** Advertising and promotion . 13 Office expenses . . 44,581 14 Information technology . 15 Royalties . 10,072,161 16 Occupancy . 870 Payments of travel or entertainment expenses for any federal, state, or local public officials 320.087 19 Conferences, conventions, and meetings 1,532,886 **20** Interest 21 Payments to affiliates . . . 4,083,148 22 Depreciation, depletion, and amortization . 685,740 23 Insurance . 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 4,688,596 4,688,596 a Chapter Programs **b** Food Costs 6,806,261 6,806,261 c Chapter Dues & Fees to Affil 3,563,208 3,563,208 d Philanthropic Giving 1,171,249 1,171,249 e All other expenses 3,641,120 41,638,705 0 0 25 Total functional expenses. Add lines 1 through 24e 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).

Page **11**

ets	

		 Check if Schedule O contains a response or not 	te to any line in this Part IX .			🗆
		·	·	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		19,063,153	1	22,305,582
	2	Savings and temporary cash investments .			2	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		5,883,117	4	8,797,881
	5	Loans and other receivables from any current o				
		trustee, key employee, creator or founder, subscontrolled entity or family member of any of the			5	
	6	Loans and other receivables from other disquali	•			
		section $4958(f)(1)$), and persons described in se	ection 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		4,172	7	337
Assets	8	Inventories for sale or use			8	
AS	9	Prepaid expenses and deferred charges		2,096,496	9	1,824,134
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 97,137,870			
	b	Less: accumulated depreciation	10b 37,637,058	63,236,709	10c	59,500,812
	11	Investments—publicly traded securities .		2,265,681	11	2,508,443
	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 eq	ual line 33)	92,549,328	16	94,937,189
	17	Accounts payable and accrued expenses		1,966,970	17	3,160,478
	18	Grants payable			18	
	19	Deferred revenue	691,090	19	4,311	
	20	Tax-exempt bond liabilities			20	
Sé	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons .	ibutor, or 35% controlled entity		22	
Ξ	23	Secured mortgages and notes payable to unrela	ated third parties	33,241,697	23	31,555,749
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, parand other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		1,574,303	25	1,080,180
	26	Total liabilities. Add lines 17 through 25 .	•	37,474,060	26	35,800,718
Balances		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	heck here ▶ ☑ and			
<u>a</u> la	27	Net assets without donor restrictions		55,075,268	27	59,136,471
8	28	Net assets with donor restrictions			28	
r Fund		Organizations that do not follow FASB ASC complete lines 29 through 33.				
5 O.	29	Capital stock or trust principal, or current funds			29	
Assets	30	Paid-in or capital surplus, or land, building or ed			30	
Ass	31	Retained earnings, endowment, accumulated in	come, or other funds		31	
Net	32	Total net assets or fund balances		55,075,268	32	59,136,471
Z	33	Total liabilities and net assets/fund balances .		92,549,328	33	94,937,189

Form **990** (2022)

Page **12**

2b

3h

Nο

Nο

Form 990 (2022)

Form 990 (2022)

separate basis, consolidated basis, or both:

Separate basis

consolidated basis, or both: ☐ Separate basis

Other changes in net assets or fund balances (explain in Schedule O) 9

1,569,770 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 59,136,471 Part XII

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

Yes No ☐ Accrual ☑ Other Modified Cas **1** Accounting method used to prepare the Form 990: ☐ Cash

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? 2a Nο

☐ Both consolidated and separate 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? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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

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

Consolidated basis

Consolidated basis

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single 3a

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.

Additional Data

Software ID:

Software Version:

EIN: 23-7046541

Name: Alpha Omicron Pi Fraternity Inc Group Return

Form 990 (2022)

chapters.

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

Name: Alpha Omicron Pi Fraternity Inc Group Return

EIN: 23-7046541

TY 2022 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

TY 2022 Affiliate Listing		1	T
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

TY 2022 Affiliate Listing Name	Address	EIN	Name control
Delta Delta Chapter	5390 Virginia Way	63-6050521	ALPH
Delta Delta Chapter	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

TY 2022 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 2022 Affiliate Listing	1		
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

TY 2022 Affiliate Listing	1	T	
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 2022 Affiliate Listing	Adduses		Name and a
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 2022 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 2022 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

TY 2022 Affiliate Listing	T	T	T
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 2022 Affiliate Listing	ı	1	
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

TY 2022 Affiliate Listing	Adduses	FTAI	Nove control
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

TY 2022 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 2022 Affiliate Listing			<u> </u>
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

NameAddressEINName controlChi Epsilon Chapter5390 Virginia Way
Brentwood,31-1376016ALPH

	TN 37027		
Chi Epsilon Corporation	5390 Virginia Way	31-1363913	ALPH

Brentwood,

37027

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493120010294

OMB No. 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ▶ 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.

Open to Public Inspection

Intern	al Revenue Service	► Go to <u>www.irs.gov/Form</u>	<u>1990</u> for instructio	ns and the latest info	rmation.	Inspection
	me of the organiza				Employer	identification number
Alph	ia Officion Prefernity	тис отоир кеситі			23-704654	1
Pa		tions Maintaining Donor Advisif the organization answered "Ye			or Accounts	s.
			(a) Donor	advised funds	(b) Fu	unds and other accounts
1	Total number at end	d of year				
2	Aggregate value of	contributions to (during year)				
3	55 5	grants from (during year)				
4	55 5	end of year				
5		n inform all donors and donor adviso erty, subject to the organization's ex				ere the
6	charitable purposes	n inform all grantees, donors, and do s and not for the benefit of the donor 	or donor advisor, or	r for any other purpose		
Pa		tion Easements.				
		if the organization answered "Ye				
1		ervation easements held by the orgar	•			
	☐ Preservation o	of land for public use (e.g., recreation	or education)	Preservation of ar	historically in	mportant land area
	Protection of	natural habitat		Preservation of a	certified histo	ric structure
	☐ Preservation of	of open space				
2		through 2d if the organization held a state of the tax year.	qualified conservation	on contribution in the fo		rvation d at the End of the Year
а	Total number of cor	nservation easements			2a	
b	Total acreage restri	cted by conservation easements			2b	
С	Number of conserva	ation easements on a certified historic	c structure included	in (a)	2c	
d		ation easements included in (c) acquisted in the National Register	red after July 25, 20	006, and not on a	2d	
3	Number of conserv tax year ►	ation easements modified, transferre	d, released, extingu	ished, or terminated by	the organizat	cion during the
4	Number of states w	here property subject to conservatio	n easement is locate	ed ▶		
5		ion have a written policy regarding th f the conservation easements it holds			of violations,	☐ Yes ☐ No
6	Staff and volunteer	hours devoted to monitoring, inspec	ting, handling of vic	lations, and enforcing c	onservation e	
7	Amount of expense ▶ \$	es incurred in monitoring, inspecting,	handling of violation	ns, and enforcing conser	vation easem	ents during the year
8		ation easement reported on line 2(d) (4)(B)(ii)?			70(h)(4)(B)(i) □ Yes □ No
9	balance sheet, and	be how the organization reports consinclude, if applicable, the text of the accounting for conservation easement	footnote to the orga			
Par		tions Maintaining Collections if the organization answered "Ye			er Similar	Assets.
1a	historical treasures	elected, as permitted under FASB AS , or other similar assets held for publ of the footnote to its financial stateme	ic exhibition, educat	tion, or research in furth		
b	historical treasures	elected, as permitted under FASB AS , or other similar assets held for publ relating to these items:				
((i) Revenue included	on Form 990, Part VIII, line 1			▶\$	
		Form 990, Part X				
2	If the organization	received or held works of art, historic required to be reported under FASB A	cal treasures, or oth	er similar assets for fina		ovide the
а	Revenue included o	on Form 990, Part VIII, line 1			► \$	
b	Assets included in I	Form 990, Part X			▶ \$	
For		on Act Notice, see the Instruction		Cat. No.	52283D S	chedule D (Form 990) 2022

CIL	4111	Organizations Ma	aintaining Collection	S Of AFT, I	HISTORI	icai ir	reasure	es, or Ot	ner Similar As	ssets (continuea)
3		the organization's acq (check all that apply):	uisition, accession, and ot	her records	, check	any of	the follo	wing that	are a significant ι	use of its collection
а		Public exhibition			d		Loan or	r exchange	e programs	
b		Scholarly research			е		Other			
c		Preservation for future	e generations							
4	Provid Part X	de a description of the	organization's collections a	and explain	how the	ey furth	ner the o	organizatio	n's exempt purpo	se in
5			anization solicit or receive nds rather than to be mair							☐ Yes ☐ No
Par	t IV		odial Arrangements.							
		Complete if the org X, line 21.	ganization answered "Y	es" on Fo	rm 990), Part	IV, line	9, or re	ported an amou	ınt on Form 990, Part
1a		e organization an agent	, trustee, custodian or oth X?							☐ Yes ☐ No
										_ res _ no
b	If "Ye	es," explain the arrange	ement in Part XIII and com	plete the fo	ollowing	table:			A	mount
c	Begin	ning balance						10		
d	Additi	ions during the year .						. 10	1	
е	Distril	butions during the year	r					16		
f	Endin	ig balance						. 1f	F	
2a	Did th	ne organization include	an amount on Form 990,	Part X, line	21, for	escrow	or custo	odial accou	unt liability?	☐ Yes ☐ No
b			ment in Part XIII. Check h							_
	rt V	Endowment Fund			z x p rui rui c		, вес., р.			_
			ganization answered "Y	es" on Fo	rm 990), Part	IV, line	10.		
			_ · · ·	rrent year	(b) F	Prior yea	r (c)) Two years	back (d) Three ye	ars back (e) Four years back
1a	Beginn	ing of year balance .								
b	Contrib	outions								
c	Net inv	estment earnings, gair	ns, and losses							
d	Grants	or scholarships								
		expenditures for facilitie ograms	es							
f	Admini	strative expenses .								
g	End of	year balance								
2		de the estimated perceid designated or quasi-e	ntage of the current year	end balance	e (line 1	g, colur	mn (a))	held as:		
a		anent endowment >								
b		endowment								
С		***************************************	 , 2b, and 2c should equal	100%						
3a	Are th		not in the possession of the		tion tha	t are he	eld and a	administer	ed for the	Yes No
	(i) Ur	nrelated organizations								3a(i)
	(ii) R	Related organizations								3a(ii)
b			lated organizations listed a				?			3b
4	Descr		ended uses of the organiza	ition's endo	wment	funds.				
Par	t VI	Land, Buildings,		·			T1 / 1:			
	Descri	ption of property	ganization answered "Y (a) Cost or other basis (investment)		rm 990 t or other	•			e Form 990, Pa lated depreciation	rt X, line 10. (d) Book value
1 ~	land		3,757,1	20						3,757,120
	Land Buildin		63,342,2						17,583,562	45,758,720
	Buildin	-	03,342,2						17,303,302	45,/36,/20
		old improvements	30,038,4	68					20,053,496	9,984,972
a	⊏quipm	nent	30,038,4	.00					20,053,496	9,984,972

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) .

59,500,812

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on Form 990,	Part IV	. li	ne 11b.See Form 990.	. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book	×	(c) Meth	nod of valuation: of-year market value
(1) Financia	l derivatives	Value	_		
	held equity interests				
(A)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(H)					
	n (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	, li	ne 11c. See Form 990	, Part X, line 13.
	(a) Description of investment		•	(b) Book value	(c) Method of valuation: or end-of-year market value
(1)			T		or end or year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Colum	n (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	lir	ne 11d. See Form 990. P	Part X line 15
	(a) Description				(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6) ————					
(7)					
(8)					
(9)					
(10)					
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.		•		. •
1.	Complete if the organization answered 'Yes' on Form 990, (a) Description of liability	Part IV,	lir	ne 11e or 11f.See Form	n 990, Part X, line 25. (b) Book value
(1) Federal	income taxes				
Security Dep	oosits				1,080,18
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.)				▶ 1,080,18
•	or uncertain tax positions. In Part XIII, provide the text of the footno			-	

Schedule D (Form 990) 2022

Page 4

	Complete if the organi	<u>ization answered 'Yes' on Form 990, Par</u>	t IV, I	ine 12a		<u></u>
1	Total revenue, gains, and other s	upport per audited financial statements .			1	
2	Amounts included on line 1 but n	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facil	ities	2b		7	
c	Recoveries of prior year grants		2c		7	
d	Other (Describe in Part XIII.) .		2d		7	
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 🔒	4a			
b	Other (Describe in Part XIII.) .		4b		7	
c	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Staten			Retur	n.
	<u> </u>	ization answered 'Yes' on Form 990, Par	t IV, I	ine 12a.	T .	
1	,	dited financial statements			1	
2	Amounts included on line 1 but n	ot on Form 990, Part IX, line 25:		1		
а	Donated services and use of facili	ities	2a		_	
b	Prior year adjustments		2b		_	
С	Other losses		2c			
d	Other (Describe in Part XIII.) .		2d		_	
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 🔒 .	4a			
b	Other (Describe in Part XIII.) $oldsymbol{.}$		4b			
C	Add lines $\mathbf{4a}$ and $\mathbf{4b}$				4c	
5	Total expenses. Add lines 3 and 4	4c. (This must equal Form 990, Part I, line 18	.) .		5	
Pa	t XIIII Supplemental Info	ormation				
		art II, lines 3, 5, and 9; Part III, lines 1a and s 2d and 4b. Also complete this part to provide			t V, line	4; Part X, line 2; Part
	Return Reference		Ex	planation		
See ,	Additional Data Table					

chedule D (Form 990) 2022		Page 5
Part XIII Supplemental Info	ormation (continued)	
Return Reference	Explanation	

Schedule D (Form 990) 2022

Additional Data

Software ID: Software Version:

EIN: 23-7046541

Name: Alpha Omicron Pi Fraternity Inc Group Return

Supplemental Information

Supplemental Imormation	
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. Man agement 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, 2019), or expected to be taken in the organizations tax return for the year ended June 30, 2023.

enie GRAFIIIC Priii	t - DO NOT I	PROCESS	As Filed Data	-	DLN	I: 93493120010294
SCHEDULE F	State	ement of	Activities	Outside the Un	ited States	OMB No. 1545-0047
(Form 990)	► Compl	lete if the organ		Yes" to Form 990, Part IV, to Form 990.	line 14b, 15, or 16.	2022
Department of the Treasury Internal Revenue Service	•	Go to www.irs.	.gov/Form990 for i	nstructions and the latest i	nformation.	Open to Public Inspection
Name of the organization					Employer ide	entification number
Alpha Omicron Pi Fratern	ity Inc Group R	eturn			23-7046541	
	Information Part IV, line		s Outside the I	United States. Comple	ete if the organization	answered "Yes" on
1 For grantmaker	s. Does the or	ganization ma	intain records to	substantiate the amoun	t of its grants and	
other assistance,	the grantees'	eligibility for t	he grants or assi	stance, and the selectior	n criteria used	
to award the grar	nts or assistan	ce?				☑ Yes 🗌 No
2 For grantmaker outside the United		Part V the org	janization's proce	edures for monitoring the	e use of its grants and o	ther assistance
3 Activites per Regio	n. (The followir	ng Part I, line 3	table can be dupl	icated if additional space is	s 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 program service, describe specific type of service(s) in the region	a (f) Total expenditures for and investments in the region
(1) North America Not t States	the United			Program services	Support of Members	4,492
(2)						
(3)						
(4)						
(5)						
3a Sub-total . b Total from continua Part I						4,492
	L		1			4,492

(4)

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

Schedule F (Form 990) 2022							Page 3
				ed States. Complete if	the organization ans	swered "Yes" on Form 9	€90, Part IV, line 16.
Part III can be di	uplicated if add	<u>litional space is ne</u>	eeded.				
(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)			-	,		<u>-</u>	
(2)				,			
(3)				,		· ·	
(4)				†		·	
(5)		+ +		+		·	
(6)		+ +		+		·	
(7)		+ +		+		·	
(8)		+ +		+		<u> </u>	
(9)		+ +		<u> </u>			
(10)				†			
(11)				<u> </u>		 	
(12)		+		+			

(0)				
(7)				
(8)				
(9)				
(10)				
(11)				

(13) (14) (15) (16) (17) (18)

Sched	lule F (Form 990) 2022		Page 4
Par	TIV 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 Fi	(Form 990) 2022	Page :
Part V	amounts of investments vs.	uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; expenditures per region); Part II, line 1 (accounting method); Part III (accounting mn (c) (estimated number of recipients), as applicable. Also complete this part to provide
	ReturnReference	Explanation
	·	

efil	le GRAPHIC pr	int - DO NOT PROCESS As Fil	ed Dat	a -	DLN: 93	49312	0010	294	
	nedule J	Compe	nsat	ion Information	0	MB No.	1545-0	0047	
•	m 990)	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.					2022 Open to Public		
-	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/Form</u>	<u>990</u> tor	instructions and the latest inform	nation.		ectio		
Nar	me of the organiza				Employer identifica				
Alpr	na Omicron Pi Frateri	nity Inc Group Return			23-7046541				
Pa	rt I Questi	ons Regarding Compensation							
							Yes	No	
1a	Check the appro	opiate box(es) if the organization provide ection A, line 1a. Complete Part III to pr	ed any o ovide ar —	f the following to or for a person liste by relevant information regarding the	d on Form se items.				
	_	s or charter travel		Housing allowance or residence for	•				
		companions	님	Payments for business use of perso					
		nification and gross-up payments	H	Health or social club dues or initiation					
	☐ Discretion	ary spending account	Ш	Personal services (e.g., maid, chauf	teur, chet)				
b		xes on Line 1a are checked, did the orga or provision of all of the expenses descr				1b			
2		ation require substantiation prior to reim			1-3	2			
	directors, truste	es, officers, including the CEO/Executive	Directo	r, regarding the items checked on Lir	ne la?				
3	organization's C	if any, of the following the filing organiza EO/Executive Director. Check all that ap and organization to establish compensatio	ply. Do	not check any boxes for methods					
	☐ Compens	ation committee		Written employment contract					
		ent compensation consultant		Compensation survey or study					
	Form 990	of other organizations	\checkmark	Approval by the board or compensa	tion committee				
4	During the year related organiza	, did any person listed on Form 990, Par ition:	t VII, Se	ction A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-control payr	nent?.			4a		No	
b		r receive payment from, a supplemental				4b		No	
c	Participate in, o	r receive payment from, an equity-based	l compe	nsation arrangement?		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and provide	the app	olicable amounts for each item in Par	t III.				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organi	zations	must complete lines 5-9.					
5	•	ed on Form 990, Part VII, Section A, line ontingent on the revenues of:	1a, did	the organization pay or accrue any					
а	The organization	1?				5a			
b	,	anization?				5b			
6		ed on Form 990, Part VII, Section A, line ontingent on the net earnings of:	1a, did	the organization pay or accrue any					
а	The organization	1?				6a			
b	Any related orga	anization?				6b			
	If "Yes," on line	6a or 6b, describe in Part III.							
7		ed on Form 990, Part VII, Section A, line escribed in lines 5 and 6? If "Yes," descr				7			
8	subject to the in	nts reported on Form 990, Part VII, paid nitial contract exception described in Reg	ulations	section 53.4958-4(a)(3)? If "Yes," de	escribe · · ·	8			
9	53.4958-6(c)? .				Regulations section	9			
For F	Paperwork Redu	iction Act Notice, see the Instruction	s for Fo	orm 990. Cat. No. 5	50053T Schedule	J (Form	990)	2022	

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

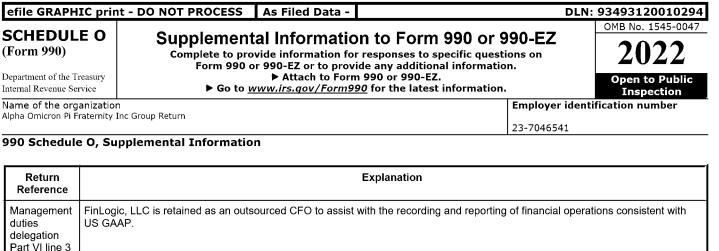
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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.

instructions, on row (ii) Note. The sum of colur	. Do no mns (B	ot list any individuals that i)(i)-(iii) for each listed in	at are not listed on Form 9 ndividual must equal the to	90, Part VII. otal amount of Form 990	, Part VII, Section A, line	1a, applicable column (D)) and (E) amounts for tha	at individual.
(A) Name and Title			-2, 1099-MISC compensat		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation		other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 Kandyce Harbor General Counsel	(i) (ii)	150 171					160,171	
2 Kaya Miller Executive Director	(i) (ii)	100 000					190,903	
							- Cabadul	1 (Form 990) 2022

Schedule J (Form 990) 2022 Page 3 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 The Executive Board reviews the Executive Directors performance and votes on compensation accordingly. The Executive Board uses data of comparable Related organization compensation compensation for similarly qualified persons in functionally comparable positions at similarly situation organizations. The Director of Finance is sent a letter detailing method (Part I, line 3) lany salary or benefit changes by the Executive Director.

Schedule 1 (Form 990) 2022



990 Schedule O, Supplemental Information

Return
Reference

Explanation

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

Return Explanation
Reference

Form 990 is prepared by an independent CPA firm and reviewed by the organizations top mana gement. The reviewed Form 990 is then forwarded to the Board of Directors for review prior to filing.

Part VI line

990 Schedule O, Supplemental Information

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

Return Reference	Explanation
management	The organizations Board of Directors selects the Executive Director whose salary is determ ined 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 determ ines salaries for other employees. The amount of the salaries is then approved by the Boar d of Directors.

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 determ ined 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 determ ines salaries for other employees. The amount of the salaries is then approved by the Board of Directors.

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 privat e website. The financial statements are also available to Alpha Omicron Pi Fraternity, Inc . members via email.

Return

Reference	·
Explanation of other changes in net assets or fund balances	Adjustment to net assets represents the organizations adoption of FASB Accounting Standards Update 2016-02 effective July 1, 2022.
Part XI line 9	

Explanation

Return Explanation
Reference

24e

List of other expense - \$1,832,757Panhellenic dues - \$327,162Recruitment - \$1,481,201

Part IX line

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE R** (Form 990)

Part I

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.

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

2022

DLN: 93493120010294 OMB No. 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

As Filed Data -

Employer identification number Alpha Omicron Pi Fraternity Inc Group Return 23-7046541 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (e) (f) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) 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. (c) Name, address, and EIN of related organization Public charity status Direct controlling Primary activity Legal domicile (state Exempt Code section Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No 501c7 N/A 501c7 Alpha Omicron Pi Fraternity Yes

(a)

(1)Alpha Omicron Pi Fraternity Inc

(2)AOII Corps - See Supp Information

5390 Virginia Way

5390 Virginia Way Brentwood, TN 37027

Brentwood, TN 37027 23-7046541

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country) (d) Direct controlling entity	Direct controlling	(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) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentag ownershi
								Yes	No	1	Yes	No	
Identification of Related Org because it had one or more rela	ganizations Ta	axable as a	Corporati	on or Trus	st. Complete i	f the org	anization	answere	d "Yes" or	Form 990,	Part IV	, line 34	-
	(t		(c) Legal domicile (state or foreign country)		(d)	(e)	(f) (g) nare of total income of-year assets		(h nd- Percer)	ge Section 512	
(a) Name, address, and EIN of related organization	Primary	activity			Direct controllin entity	g Type of (C co	rp, S´			nd- Percer owner	nership con	Section contro	n 512(b)(: olled entity
						cor or tr						Yes	N
						+							+
						1				1			

(1)Alpha Omicron Pi Fraternity Inc

(2)Alpha Omicron Pi Fraternity Inc

(3)Alpha Omicron Pi Fraternity Inc

(4)Alpha Omicron Pi Fraternity Inc

Lease of facilities, equipment, or other assets to related organization(s) . . .

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses . . .

r Other transfer of cash or property to related organization(s) . . .

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

Name of related organization

(b)

Transaction type (a-s)

е

Amount involved

24,000

233,220

737,000

899,543

Cash

Cash

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.										
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?										
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity										
b Gift, grant, or capital contribution to related organization(s)										
c Gift, grant, or capital contribution from related organization(s)										
d Loans or loan guarantees to or for related organization(s)	1 d		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)	1 g		No							
h Purchase of assets from related organization(s)	1h		No							
i Exchange of assets with related organization(s)	1 i		No							

Page 3

1j

1k Yes

11

1m

10 Yes

1q

1r

1s

Schedule R (Form 990) 2022

(d)

Method of determining amount involved

1n Yes

No

No

No

No

No

No

No

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.

was not a related organization. See instructions regarding				erships.									
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	
-			ı							Scho	edule R (Form 9	90) 2022

chedule R (Form 990) 2022									
Part VII	Supplemental Info	nation							
	Provide additional infor	mation for responses to questions on Schedule R. See instructions.							
Return Reference		Explanation							