

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2022**  
Open to Public Inspection

**A For the 2022 calendar year, or tax year beginning 07-01-2022, and ending 06-30-2023**

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

**C** Name of organization  
Alpha Omicron Pi Fraternity Inc Group Return

Doing business as

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

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

**D** Employer identification number  
23-7046541

**E** Telephone number

**G** Gross receipts \$ 49,191,406

**F** Name and address of principal officer:

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

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

**H(c)** Group exemption number ▶ 0190

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

**J** Website: ▶ www.alphaomicronpi.org

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1897 **M** State of legal domicile: TN

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
Provide room & board, as well as support, to members of chapter and housing corporations of Alpha Omicron Pi Fraternity, Inc.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

|  |           |         |
|--|-----------|---------|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | <b>3</b>  | 12      |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | <b>4</b>  | 12      |
| <b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)  | <b>5</b>  | 35      |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | <b>6</b>  | 400     |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | <b>7a</b> | 126,247 |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11        | <b>7b</b> | 0       |

|   | Prior Year | Current Year |
|---|------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                      |            | 0            |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                       | 43,005,281 | 42,619,370   |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | 529,599    | 1,486,944    |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | -404,814   | -195,768     |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 43,130,066 | 43,910,546   |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)                  | 2,236      | 4,492        |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     |            | 0            |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 2,479,693  | 2,380,651    |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    |            | 0            |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0                      |            |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                      | 39,913,871 | 39,253,562   |
| <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)         | 42,395,800 | 41,638,705   |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | 734,266    | 2,271,841    |

|  | Beginning of Current Year | End of Year |
|--|---------------------------|-------------|
| <b>20</b> Total assets (Part X, line 16)                             | 92,549,328                | 94,937,189  |
| <b>21</b> Total liabilities (Part X, line 26)                        | 37,474,060                | 35,800,718  |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 | 55,075,268                | 59,136,471  |

**Part II Signature Block**

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

**Sign Here**

\*\*\*\*\*  
Signature of officer  
Date 2024-03-30  
Kaya Miller Executive Direc  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name Preparer's signature Date 2024-04-29 Check  if self-employed PTIN P01386210

Firm's name ▶ Atlanta Tax LLC Firm's EIN ▶ 82-2140550

Firm's address ▶ 3355 Lenox Road Suite 750 Atlanta, GA 30326 Phone no. (678) 923-5314

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

Provide room & board, as well as support, to members of chapter and housing corporations of Alpha Omicron Pi Fraternity, Inc.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Main form area containing questions 2a through 17, with sub-questions (a, b, c, d, e, f, g, h) and corresponding answer boxes (2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, 16, 17).

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

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

Section C. Disclosure

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

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and title                               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) Kaya Miller<br>Executive Director               | 40.00<br>0.00  |   |                       | X       |              |                              |        | 0<br>190,903  | 0  |   |
| (2) Kandyce Harbor<br>General Counsel               | 40.00<br>0.00  |   |                       |         |              | X                            |        | 0<br>160,171  | 0  |   |
| (3) Chantel Schieffer<br>International VP           | 10.00<br>0.00  | X   |                       |         |              |                              |        | 0<br>0  | 0  |   |
| (4) Ashley Dumat<br>International VP                | 10.00<br>0.00  | X   |                       |         |              |                              |        | 0<br>0  | 0  |   |
| (5) Gayle Fitzpatrick<br>Director                   | 8.00<br>0.00   | X   |                       |         |              |                              |        | 0<br>0  | 0  |   |
| (6) Jaynellen Jenkins<br>International VP           | 10.00<br>0.00  | X   |                       |         |              |                              |        | 0<br>0  | 0  |   |
| (7) Carey Unger<br>International VP                 | 10.00<br>0.00  | X   |                       |         |              |                              |        | 0<br>0  | 0  |   |
| (8) Ally Rodriguez<br>Vice President                | 8.00<br>0.00   | X   |                       |         |              |                              |        | 0<br>0  | 0  |   |
| (9) Koren Phillips<br>International VP              | 10.00<br>0.00  | X   |                       |         |              |                              |        | 0<br>0  | 0  |   |
| (10) Jessie Wang-Grimm<br>Director                  | 8.00<br>0.00   | X   |                       |         |              |                              |        | 0<br>0  | 0  |   |
| (11) Lacey Bowman<br>International VP of Finance    | 10.00<br>0.00  | X   |                       | X       |              |                              |        | 0<br>0  | 0  |   |
| (12) Cindy Visot<br>President                       | 10.00<br>0.00  | X   |                       | X       |              |                              |        | 0<br>0  | 0  |   |
| (13) Susan Bonifield<br>International VP of Finance | 10.00<br>0.00  | X   |                       | X       |              |                              |        | 0<br>0  | 0  |   |
| (14) Crystal Combs<br>International President       | 10.00<br>0.00  | X   |                       | X       |              |                              |        | 0<br>0  | 0  |   |

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

| (A)<br>Name and title | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        |  | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|--|---|
|                       |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |  |   |
|                       |  |   |                       |         |              |                              |        |  |   |  |   |
|                       |  |   |                       |         |              |                              |        |  |   |  |   |
|                       |  |   |                       |         |              |                              |        |  |   |  |   |
|                       |  |   |                       |         |              |                              |        |  |   |  |   |
|                       |  |   |                       |         |              |                              |        |  |   |  |   |
|                       |  |   |                       |         |              |                              |        |  |   |  |   |
|                       |  |   |                       |         |              |                              |        |  |   |  |   |
|                       |  |   |                       |         |              |                              |        |  |   |  |   |

|   |   |         |   |
|---|---|---------|---|
| <b>1b Sub-Total</b>   |   |         |   |
| <b>1c Total from continuation sheets to Part VII, Section A</b> |   |         |   |
| <b>1d Total (add lines 1b and 1c)</b>                           | 0 | 351,074 | 0 |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | No |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | Yes |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | No |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address                                    | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| College Fresh,<br>701 Devonshire Dr Ste C23<br>Champaign, IL 61820  | Food Service                   | 7,087,564           |
| Cintas,<br>6800 Cintas Blvd<br>Mason, OH 45040                      | Facility Supplies              | 357,854             |
| FisherBroyles LLP,<br>701 Fifth Ave Suite 4200<br>Seattle, WA 98104 | Legal                          | 261,047             |
| FinLogic LLC,<br>525 Tribble Gap Road 52<br>Cumming, GA 30028       | Accounting                     | 367,430             |
| Handy Mark,<br>2745 North 82nd Place<br>Lincoln, NE 68507           | Facility Mtn                   | 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



Part VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts (1a-1g), Program Service Revenue (2a-2f), Other Revenue (3-12), and Total revenue (12).

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .  | 4,492                 |                                 |  |                             |
| <b>4</b> Benefits paid to or for members . . . . .  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   |                       |                                 |  |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages . . . . .   | 2,380,651             |                                 |  |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .  |                       |                                 |  |                             |
| <b>9</b> Other employee benefits . . . . .  |                       |                                 |  |                             |
| <b>10</b> Payroll taxes . . . . .   |                       |                                 |  |                             |
| <b>11</b> Fees for services (non-employees):  |                       |                                 |  |                             |
| <b>a</b> Management . . . . .   | 720                   |                                 |  |                             |
| <b>b</b> Legal . . . . .  | 10,381                |                                 |  |                             |
| <b>c</b> Accounting . . . . .   | 1,162,488             |                                 |  |                             |
| <b>d</b> Lobbying . . . . .   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees . . . . .   | 12,454                |                                 |  |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 1,457,612             |                                 |  |                             |
| <b>12</b> Advertising and promotion . . . . .   |                       |                                 |  |                             |
| <b>13</b> Office expenses . . . . .   | 44,581                |                                 |  |                             |
| <b>14</b> Information technology . . . . .  |                       |                                 |  |                             |
| <b>15</b> Royalties . . . . .   |                       |                                 |  |                             |
| <b>16</b> Occupancy . . . . .   | 10,072,161            |                                 |  |                             |
| <b>17</b> Travel . . . . .  | 870                   |                                 |  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .  | 320,087               |                                 |  |                             |
| <b>20</b> Interest . . . . .  | 1,532,886             |                                 |  |                             |
| <b>21</b> Payments to affiliates . . . . .  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   | 4,083,148             |                                 |  |                             |
| <b>23</b> Insurance . . . . .   | 685,740               |                                 |  |                             |
| <b>24</b> 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.)                                       |                       |                                 |  |                             |
| <b>a</b> Chapter Programs   | 4,688,596             | 4,688,596                       |  |                             |
| <b>b</b> Food Costs   | 6,806,261             | 6,806,261                       |  |                             |
| <b>c</b> Chapter Dues & Fees to Affil   | 3,563,208             | 3,563,208                       |  |                             |
| <b>d</b> Philanthropic Giving   | 1,171,249             | 1,171,249                       |  |                             |
| <b>e</b> All other expenses   | 3,641,120             |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e  | 41,638,705            | 0                               | 0                                      | 0                           |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year    |
|---|--|--------------------------|------------|-----------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 19,063,153               | <b>1</b>   | 22,305,582            |
|   | <b>2</b> Savings and temporary cash investments . . . . .  |                          | <b>2</b>   |                       |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  |                          | <b>3</b>   |                       |
|   | <b>4</b> Accounts receivable, net . . . . .  | 5,883,117                | <b>4</b>   | 8,797,881             |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       |                          | <b>5</b>   |                       |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .   |                          | <b>6</b>   |                       |
|   | <b>7</b> Notes and loans receivable, net . . . . .   | 4,172                    | <b>7</b>   | 337                   |
|   | <b>8</b> Inventories for sale or use . . . . .   |                          | <b>8</b>   |                       |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 2,096,496                | <b>9</b>   | 1,824,134             |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 97,137,870    |            |                       |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b> 37,637,058    | 63,236,709 | <b>10c</b> 59,500,812 |
|   | <b>11</b> Investments—publicly traded securities . . . . .   | 2,265,681                | <b>11</b>  | 2,508,443             |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   |                          | <b>12</b>  |                       |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  |                          | <b>13</b>  |                       |
|   | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b>  |                       |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   |                          | <b>15</b>  |                       |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . | 92,549,328   | <b>16</b>                | 94,937,189 |                       |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 1,966,970                | <b>17</b>  | 3,160,478             |
|   | <b>18</b> Grants payable . . . . .   |                          | <b>18</b>  |                       |
|   | <b>19</b> Deferred revenue . . . . .   | 691,090                  | <b>19</b>  | 4,311                 |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b>  |                       |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  |                          | <b>21</b>  |                       |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . |                          | <b>22</b>  |                       |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 33,241,697               | <b>23</b>  | 31,555,749            |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | <b>24</b>  |                       |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D  | 1,574,303                | <b>25</b>  | 1,080,180             |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 37,474,060               | <b>26</b>  | 35,800,718            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |            |                       |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 55,075,268               | <b>27</b>  | 59,136,471            |
|   | <b>28</b> Net assets with donor restrictions . . . . .   |                          | <b>28</b>  |                       |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |            |                       |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b>  |                       |
|   | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                          | <b>30</b>  |                       |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>31</b>  |                       |
| <b>32</b> Total net assets or fund balances . . . . .                         | 55,075,268   | <b>32</b>                | 59,136,471 |                       |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            | 92,549,328   | <b>33</b>                | 94,937,189 |                       |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 43,910,546 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 41,638,705 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 2,271,841  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 55,075,268 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 219,592    |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 1,569,770  |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 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

**1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other Modified Cas  
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

**b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

**c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | No |
| <b>2b</b> |     | No |
| <b>2c</b> |     |    |
| <b>3a</b> |     | No |
| <b>3b</b> |     |    |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-7046541

**Name:** Alpha Omicron Pi Fraternity Inc Group Return

Form 990 (2022)

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**Form 990, Part III, Line 4a:**

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

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**TY 2022 Affiliate Listing****Name:** Alpha Omicron Pi Fraternity Inc Group Return**EIN:** 23-7046541**TY 2022 Affiliate Listing**

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

**FY 2022 Affiliate Listing**

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

**FY 2022 Affiliate Listing**

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



**FY 2022 Affiliate Listing**

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

**TY 2022 Affiliate Listing**

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

**FY 2022 Affiliate Listing**

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

**TY 2022 Affiliate Listing**

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

**TY 2022 Affiliate Listing**

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

**TY 2022 Affiliate Listing**

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

**FY 2022 Affiliate Listing**

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

**TY 2022 Affiliate Listing**

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



**FY 2022 Affiliate Listing**

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

**FY 2022 Affiliate Listing**

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

**TY 2022 Affiliate Listing**

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

**TY 2022 Affiliate Listing**

| <b>Name</b>             | <b>Address</b>                                 | <b>EIN</b> | <b>Name control</b> |
|-------------------------|--|------------|---------------------|
| Chi Epsilon Chapter     | 5390 Virginia Way<br>Brentwood,<br>TN<br>37027 | 31-1376016 | ALPH                |
| Chi Epsilon Corporation | 5390 Virginia Way<br>Brentwood,<br>TN<br>37027 | 31-1363913 | ALPH                |

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

# Supplemental Financial Statements

OMB No. 1545-0047  
**2022**  
**Open to Public Inspection**

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

**Name of the organization**  
Alpha Omicron Pi Fraternity Inc Group Return

**Employer identification number**  
23-7046541

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

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

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

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

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

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

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

|   | Held at the End of the Year |
|---|-----------------------------|
| <b>a</b> Total number of conservation easements . . . . .   | <b>2a</b>                   |
| <b>b</b> Total acreage restricted by conservation easements . . . . .   | <b>2b</b>                   |
| <b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .   | <b>2c</b>                   |
| <b>d</b> Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . . | <b>2d</b>                   |

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

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

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

**1a** If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

**a** Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance . . . . .             |        |
| <b>1d</b> Additions during the year . . . . .     |        |
| <b>1e</b> Distributions during the year . . . . . |        |
| <b>1f</b> Ending balance . . . . .                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ .....
  - c** Term endowment ▶ .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> Unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   | 3,757,120                            |                                 |                              | 3,757,120      |
| <b>b</b> Buildings . . . . .   | 63,342,282                           |                                 | 17,583,562                   | 45,758,720     |
| <b>c</b> Leasehold improvements  |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .   | 30,038,468                           |                                 | 20,053,496                   | 9,984,972      |
| <b>e</b> Other . . . . .   |                                      |                                 |                              |                |
| <b>Total.</b> 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, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.) | ▶              |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability  | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| Security Deposits  | 1,080,180      |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.) | ▶ 1,080,180    |

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

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

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

|          |  |           |           |  |
|----------|--|-----------|-----------|--|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |           |  |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> |           |  |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> |           |  |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                     |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  |           | <b>4c</b> |  |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |           | <b>5</b>  |  |

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

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

|          |   |           |           |  |
|----------|---|-----------|-----------|--|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |           |  |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> |           |  |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |           |  |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |           | <b>4c</b> |  |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |           | <b>5</b>  |  |

**Part XIII Supplemental Information**

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

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |



**Part XIII** Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-7046541

**Name:** Alpha Omicron Pi Fraternity Inc Group Return

## Supplemental Information

| Return Reference  | Explanation  |
|---|--|
| Footnote for uncertain tax position under FIN 48 (Part X) | The organization recognizes the tax benefits of uncertain tax positions only where the position is more likely than not to be sustained assuming examination by tax authorities. Management has analyzed the organizations tax positions and concluded that no liability for unrecognized tax benefits should be recorded related to uncertain tax positions take on returns filed for open tax years (years subsequent to June 30, 2019), or expected to be taken in the organizations tax return for the year ended June 30, 2023. |

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization  
Alpha Omicron Pi Fraternity Inc Group Return

**Employer identification number**  
23-7046541

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

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

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| ( 1) North America Not the United States                    |                                     |  | Program services   | Support of Members   | 4,492  |
| ( 2)  |                                     |  |  |  |  |
| ( 3)  |                                     |  |  |  |  |
| ( 4)  |                                     |  |  |  |  |
| ( 5)  |                                     |  |  |  |  |
| <b>3a</b> Sub-total . . . . .                               |                                     |  |  |  | 4,492  |
| <b>b</b> Total from continuation sheets to Part I . . . . . |                                     |  |  |  |  |
| <b>c Totals</b> (add lines 3a and 3b)                       |                                     |  |  |  | 4,492  |

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                          | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|--|-------------------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| ( 1)                       |  | North America Not the United States | Program Support      | 4,492                    |                                 |                                  |                                       |   |
| ( 2)                       |  |                                     |                      |                          |                                 |                                  |                                       |   |
| ( 3)                       |  |                                     |                      |                          |                                 |                                  |                                       |   |
| ( 4)                       |  |                                     |                      |                          |                                 |                                  |                                       |   |

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

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

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

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

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

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

| ReturnReference | Explanation |
|-----------------|-------------|
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
|                 |             |
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|                 |             |
|                 |             |

Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Alpha Omicron Pi Fraternity Inc Group Return

Employer identification number 23-7046541

Part I Questions Regarding Compensation

Table with 3 columns: Question, Yes, No. Rows include 1a (Travel, Housing, etc.), 1b (Policy), 2 (Substantiation), 3 (Methods), 4 (Severance), 5 (Contingent), 6 (Net earnings), 7 (Nonfixed), 8 (Contract), 9 (Presumption).





**Part III Supplemental Information**

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

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

**SCHEDULE O**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022****Open to Public  
Inspection**

Name of the organization

Alpha Omicron Pi Fraternity Inc Group Return

Employer identification number

23-7046541

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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



**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                    | <b>Explanation</b>  |
|--|---|
| List of other expenses<br>Part IX line 24e | Bad debt expense - \$1,832,757<br>Panhellenic dues - \$327,162<br>Recruitment - \$1,481,201 |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Alpha Omicron Pi Fraternity Inc Group Return

**Employer identification number**

23-7046541

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

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

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

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|  |                         |  |                            |   |                                  | Yes  | No |
| <b>(1)</b> Alpha Omicron Pi Fraternity Inc<br>5390 Virginia Way<br><br>Brentwood, TN 37027<br>23-7046541 |                         |  | 501c7                      |   | N/A                              |  | No |
| <b>(2)</b> AOII Corps - See Supp Information<br>5390 Virginia Way<br><br>Brentwood, TN 37027             |                         |  | 501c7                      |   | Alpha Omicron Pi Fraternity Inc  | Yes  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
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**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

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

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

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

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No  |
|--|-----------|-----|
| <b>1</b> 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? |           |     |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .               | <b>1a</b> | No  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> | No  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> | No  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> | No  |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> | Yes |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> | No  |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> | No  |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> | No  |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> | No  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> | No  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> | Yes |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> | No  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> | No  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> | Yes |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> | Yes |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> | No  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> | No  |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> | No  |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> | No  |

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

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) Alpha Omicron Pi Fraternity Inc | k                             | 24,000                 | Cash   |
| (2) Alpha Omicron Pi Fraternity Inc | n                             | 233,220                | Cash   |
| (3) Alpha Omicron Pi Fraternity Inc | e                             | 737,000                | Cash   |
| (4) Alpha Omicron Pi Fraternity Inc | o                             | 899,543                | Cash   |
|                                     |                               |                        |  |
|                                     |                               |                        |  |

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

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

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

**Part VII**    **Supplemental Information**

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

| <b>Return Reference</b> | <b>Explanation</b> |
|-------------------------|--------------------|
|                         |                    |