

EXTENDED TO MAY 15, 2018

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990**2016**
Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ALPHA OMICRON PI FRATERNITY, INC.		D Employer identification number 23-7046541
	GROUP RETURN		
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	5390 VIRGINIA WAY		615-370-0920
City or town, state or province, country, and ZIP or foreign postal code BRENTWOOD, TN 37027		G Gross receipts \$ 44,128,853.	
F Name and address of principal officer TROYLYN LEFORGE 5390 VIRGINIA WAY, BRENTWOOD, TN 37027		H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number 0190	
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(7) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.ALPHAOMICRONPI.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation	M State of legal domicile

Part I Summary

Activities & Governance	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	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	111
	6	Total number of volunteers (estimate if necessary)	6	400
	7a	Total unrelated business revenue from Part VIII, column (C), line 2e	7a	136,663.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38,717,465.	42,755,102.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	196,013.	198,948.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64,583.	-289,290.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	38,978,061.	42,664,760.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,348,757.	2,238,742.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a 11d, 11f-24e)	32,661,376.	35,978,534.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	35,010,133.	38,217,276.
	19	Revenue less expenses. Subtract line 18 from line 12	3,967,928.	4,447,484.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	67,968,822.	75,763,434.
	22	Net assets or fund balances. Subtract line 21 from line 20	23,774,752.	26,965,243.
			44,194,070.	48,798,191.

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
	TROYLYN LEFORGE, EXECUTIVE DIRECTOR	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	ALICYN MCLEOD	ALICYN MCLEOD
	Date	Check if self-employed <input type="checkbox"/> PTIN
	12/04/17	P01386210
	Firm's name FINLOGIC, LLC	Firm's EIN 27-0863849
	Firm's address 3355 LENOX ROAD, SUITE 750 ATLANTA, GA 30326	Phone no. (678) 923-5314

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

532001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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SCANNED JUN 05 2019

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