

EXTENDED TO FEBRUARY 16, 2016

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**2014**
Open to Public
Inspection**A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015**

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
	Doing business as		E Telephone number 615-370-0920
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 35,633,624.
	City or town, state or province, country, and ZIP or foreign postal code BRENTWOOD, TN 37027		H(a) Is this a group return STMT 1 for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	F Name and address of principal officer: TROYLYN LEFORGE 5390 VIRGINIA WAY, BRENTWOOD, TN 37027		H(b) 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 2014 (Part V, line 2a)	5	141
	6 Total number of volunteers (estimate if necessary)	6	400
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	145,897.
7b Net unrelated business taxable income from Form 990-T, line 8	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)	27,568,776.	34,730,638.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	72,777.	814,391.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,000.	87,409.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	27,685,553.	35,632,438.
	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 11)	2,029,600.	2,222,548.
	16b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a 11c, 12a, 12b)	21,287,529.	29,362,467.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,317,129.	31,585,015.
	19 Revenue less expenses. Subtract line 18 from line 12	4,368,424.	4,047,423.
Net Assets or Fund Balances	20 Total assets (Part X, line 18)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	64,150,352.	66,860,307.
	22 Net assets or fund balances. Subtract line 21 from line 20	27,033,855.	26,644,794.
		37,116,497.	40,215,513.

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 TROYLYN LEFORGE, EXECUTIVE DIRECTOR		Date
	Type or print name and title		
Paid Preparer	Print/Type preparer's name ALICYN MCLEOD	Preparer's signature ALICYN MCLEOD	Date 11/03/15
Use Only	Firm's name MCLEOD TAX & CONSULTING, LLC	Firm's EIN 45-5536344	Check if self-employed <input type="checkbox"/> PTIN P01386210
	Firm's address 1266 W PACES FERRY RD #445 ATLANTA, GA 30327	Phone no. (678) 923-5314	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

RECEIVED BY IRS-EEFAX 05/06/2019 12:50PM (GMT-04:00)

No statute issue
0436862241 MAY 30 2019

RECEIVED OSC 164

MAY 07 2019

OP's 1 Dept BB
IRS OGDEN, UTAH

STATUTE UNIT

RECEIVED

MAY 29 2019

TPR BRANCH
OGDEN

SCANNED JUN 05 2019

071-010