

EXTENDED TO MAY 15, 2017

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**2015**
Open to Public Inspection**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

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 \$ 38,988,487.
	5390 VIRGINIA WAY		H(a) Is this a group return STMT 1 for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code BRENTWOOD, TN 37027		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)
F Name and address of principal officer TROYLYN LEFORGE 5390 VIRGINIA WAY, BRENTWOOD, TN 37027			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)	12		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	12		
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	203		
	6 Total number of volunteers (estimate if necessary)	400		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	124,094.		
b Net unrelated business taxable income from Form 990-T, line 24	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)		34,730,638.	38,717,465.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		814,391.	196,013.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (D), line 12)		87,409.	64,583.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		35,632,438.	38,978,061.
	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)		2,222,548.	2,348,757.
	b Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
Expenses	17 Other expenses (Part IX, column (A), lines 11a 11d, 11f-24e)		29,362,467.	32,661,376.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		31,585,015.	35,010,133.
	19 Revenue less expenses. Subtract line 18 from line 12		4,047,423.	3,967,928.
	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)		66,860,307.	67,968,822.
	22 Net assets or fund balances. Subtract line 21 from line 20		26,644,794.	23,774,752.
			40,215,513.	44,194,070.

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 Type or print name and title			
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	ALICYN MCLEOD	ALICYN MCLEOD	02/04/17	P01386210
Preparer	Firm's name FINLOGIC, LLC		Firm's EIN 27-0863849	
Use Only	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 12-16-15

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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SCANNED JUN 05 2019

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