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### Form 990

Department of the Treasury

## 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.

2016

Open to Public Inspection

OMB No. 1545-0047

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2016 calendar year, or tax year beginning , 20 B Check if applicable C Name of organization SEVENTH DISTRICT ORGANIZATION D Employer identification number Doing business as Address change 59-2638563 Number and street (or P.O. box if mail is not delivered to street address) Name change Boom/suite E Telephone number Initial return 3007 WEST COMMERCIAL BLVD 204 (954) 303-5779 Final return/ City or town, state or province, country, and ZIP or foreign postal code G Gross FORT LAUDERDALE FL 33309 1,114,764 terminated receipts \$ Amended return F Name and address of principal officer H(a) Is this a group return for subordinates? Yes X Application pending SEE ATTACHMENT #1 H(b) Are all subordinates included? Tax-exempt status  $\int 501(c)(3) \times 501(c)(7) \blacktriangleleft_{\text{(insert no.)}}$ If "No," attach a list. (see instructions) J Website: ► WWW.OPPF7D.COM H(c) Group exemption number K Form of organization Corporation Trust Association L Year of formation. M State of legal domicile FT. Summary Part I Briefly describe the organization's mission or most significant activities THE MISSION IS TO PERFORM COMMUNITY SERVICE AND PROVIDE Activities & Governance SCHOLARSHIPS FOR COLLEGE BOUND YOUTH Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 30 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7h **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 1,353,205 947,775 144,340 166,768 Program service revenue (Part VIII, line 2g) 221 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,498,222 1,114,764 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,437,027 1,212,409 Other expenses (Part IX, column (A), lines 11a-14d, 11f Total expenses. Add lines 13-17 (must equal Part IX, column All Ine 25) 1,437,027 1,212,409 61,195 -97,645 Revenue less expenses. Subtract line 18 from line 12 AUG 18 2017 Beginning of Current Year **End of Year** 538,899 443,237 20 Total assets (Part X, line 16) Net assets or fund balances. Subtract line 21 from line 20 GDEN, UT 21 Total liabilities (Part X, line 26) 짧호 538,899 443,237 22 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 8-10-17 Sign Signature of officer Date Here DISTRICT TREASURER JOHNNIE\_SMITH Type or print name and title Print/Type preparer's name Preparer's signature PTIN Date Check I if Paid 8-10-17 self-employed P00971697 JOHNNIE SMITH JOHNNIE SMITH Preparer Firm's name ► H AND BLOCK Firm's EIN ▶ 270070345 R Use Only Firm's address ▶ 3007 W COMMERCIAL BLVD Phone no. FORT LAUDERDALE FL 33309 9547302226 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions) Form **990** (2016) For Paperwork Reduction Act Notice, see the separate instructions.

orm	990 (2016) SEVENTH DISTRICT ORGANIZAT 59-2638563		Page 2
Part	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		
	THE MISSION IS TO PERFORM COMMUNITY SERVICE AND PROVIDE		
	SCHOLARSHIPS FOR COLLEGE BOUND YOUTH		
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	X No
	If "Yes," describe these new services on Schedule O.	□ .63	ξ7 .40
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 measurements. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 298,310 including grants of \$) (Revenue \$	166,	768)
	SEE ATTACHMENT #2		
		·	
4h	(Code) (Expenses \$including grants of \$) (Revenue \$		
7.5	(Code) (Expenses a) (nevenue a) (nevenue a)		'
		<del></del>	
40	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$		<del></del>
70	/ (Louises #		<i>'</i>
	Other program convers (Describe in Schadula Q.)	<del></del>	
40	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	<b>\</b>	
40	Total program service expenses   298, 310		

Form 990 (2016)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III N/A	5	[ :	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	1	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	Ì	1	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			ĺ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule			
	D, Part VI	11a		X
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X .	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1	1	}
	Schedule D, Parts XI and XII	12a	ļ	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	ĺ	ĺ	ĺ
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del> </del>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		}	
	business, investment, and program service activities outside the United States, or aggregate foreign investments		1	١
4-	valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV .	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-		.,
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<del> </del> -	<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance	1.0	1	V
	to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<del> </del>	<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		1	\ v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<del>                                     </del>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10		
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	+	X
19	If "Yes," complete Schedule G, Part III	19	1	X
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	· · · · · · ·		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	l		
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"			
	complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
	the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? $N/A$	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds? $\dots N/A$	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . $N/A$	24d	ļ 	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess			
	benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year,			
	and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes,"			
26	complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete			
	Schedule L, Part II	26	ļ	<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		)	)
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of	ļ		
20	any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			•
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	-		
a h	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
U	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	004	}	,,
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an	28b		X
·	officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		\ <sub>V</sub>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25	ļ	_^_
-	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	- 50		
•	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>	ļ	
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<del></del>		
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	{	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	]	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	}	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	Ĺ	X
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SEVENTH DISTRICT ORGANIZAT 59-2638563
Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	)]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	İ	ĺ	
	gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	}		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		}	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? $N/A$	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O $N/A$	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	İ		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<u> </u>	_X_
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	L	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886–T? $N/A$	5c	<u> </u>	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a	L	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			]
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			)
	and services provided to the payor?	7a	<b> </b>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $N/A$	7b		L
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		ļ	ł
	required to file Form 8282?	7c		X_
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	4		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<b> </b>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .	7g	ļ	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098–C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		}	١
_	sponsoring organization have excess business holdings at any time during the year?	8	<del> </del>	X
9	Sponsoring organizations maintaining donor advised funds.			,,
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	├	X
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<del> </del> -	X
10	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12	1	}	1
a	'	-		1
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter	┨	l	1
11	Gross income from members or shareholders	ļ		l
a b	Gross income from other sources (Do not net amounts due or paid to other sources	┨	1	
D	against amounts due or received from them.)	İ	1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Х
b		)	<del> </del> -	<del>  ^</del> -
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	7		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del> </del> -	X
a	Note. See the instructions for additional information the organization must report on Schedule O.	100		122
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		1	-
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del> </del>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N/A	14b	<del> </del>	<del>  ^</del>
<del></del> -	14/71	1 5	000	

SEVENTH DISTRICT ORGANIZAT 59-2638563 Form 990 (2016) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 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 No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 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? Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Яa Each committee with authority to act on behalf of the governing body? 8b Χ 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.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give N/A rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done N/A12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Χ 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? N/A16b Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► NONE
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)
	available for public inspection. Indicate how you made these available. Check all that apply.
	Own website Another's website Don request Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest
	policy, and financial statements available to the public during the tax year.

20

State the name, address, and telephone number of the person who possesses the organization's books and records SEE ATTACHMENT #3

### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and 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.

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees, and former such persons

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

(A)  Name and Title	(B) Average hours per week	Ç	(do not box, unl officer a	(C Position check ress per nd a dip	) ION nore the son is b ector/t	an one ooth an rustee)		(D) Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	(list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
LESLIE GAMBLE DISTRICT PRESIDENT	5.00			X				0	0	0
FRED GARY DISTRICT 1ST VICE PRESIDENT	5.00			x				0	0	0
JAMES CISTRUNKK DISTRICT SECRETARY	5.00			x				o	0	0
JOHNNIE SMITH DISTRICT TREASURER	10.00			X				0	0	0
RAJU AUNDRE BRANSO DISTRICT COUNSELOR	5.00			x					0	0

Form **990** (2016)

FDA

Part	(A) Name and title	(B)  Average hours per	s, Trust	(do not	Posi check less pe	tion more ti	han one both an /trustee)	Highe	( <b>D)</b> Reportable	mployees (continue (E) Reportable	Est am	(F) timated	
		week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	comp fro orga and	other pensation the anization of the ani	e on ed
											•		
1b	Sub-total .			C4!-									
c d	Total from continuation st Total (add lines 1b and 1c		art VII,	Section	пА	•							<del></del>
2	Total number of individuals	•	but not	limited	to tho	se list	ed above	) who	received more than	\$100,000 of reportab	le comp	ensati	
	from the organization >	`						•				01.00.	
			· <u></u>								,	Yes	No
3	Did the organization list any						ey emplo	yee, c	or highest compensat	ted employee		l	-
4	on line 1a? If "Yes," comple For any individual listed on						neneation	and (	other compensation t	from the	3	X	┼
•	organization and related org								•		4		Х
5	Did any person listed on line												<del>                                     </del>
	services rendered to the organic		If "Yes,	" comp	olete S	chedu	ule J for s	uch p	erson	<u> </u>	5		X
	n B. Independent Contracto												
1	Complete this table for your compensation from the organization												
	compensation from the orga	(A)	report o	omper	isalion	ו וטו נוו	e calend	ar yea	(B)	in the organizations i		C)	
	Name an	d business	addres	s					Description of s	ervices	Compe		n
								-					
										-			
2	Total number of independe \$100,000 of compensation				but no	t limite	ed to thos	e liste	ed above) who receiv	ed more than			

Part VIII Sta	tement of	Revenue
---------------	-----------	---------

		Check if Schedule O contains	a response o	r note to any line in this	Part VIII			. П
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	. 1a			-		
E a	b	Membership dues	1b	179,134				
S, C	С	Fundraising events .	1c		1			
ar /	d	Related organizations .	1d	740,449	ī [			
S,E	е	Government grants (contribution	ns) 1e	·	1			
PS	f	All other contributions, gifts, gra	ants, &					
‡ <u>ē</u>		similar amounts not included a	1 1	28,192				
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contributions included in lin	nes 1a-1f \$	<u> </u>	1			
ခြင်	h	Total. Add lines 1a-1f		. •	947,775			
				Business Code				
بو	2a	PROGRAM SERVICE	S		166,768			
Program Service Revenue	b							
Sei	С							<u> </u>
Z S	d						· · · · · · · · · · · · · · · · · · ·	
Re	е			_		-		
Pri	f	All other program service rever	nue					
	g	Total. Add lines 2a-2f		•	166,768			
	3	Investment income (including of	dividends, inte	erest, and				
		other sımılar amounts)		•	221	188		
	4	Income from investment of tax-	exempt bond	d proceeds •				
	5	Royalties	-	<b>•</b>				
	İ		(ı) Real	(II) Personal	]			
	6a	Gross rents			]			
	b	Less rental expenses			]			
	C	Rental income or (loss)						
	đ	Net rental income or (loss)		. •	_			
	7a	Gross amount from sales	(ı) Securities	(II) Other				
	'-	of assets other than						
		inventory			1			
	b	Less cost or other basis						1
		and sales expenses			_			
	1	Gain or (loss) .			-			
	1	Net gain or (loss)		<u> </u>				
	8a	Gross income from fundraising	j events					
ī		(not including \$						
Other Revenue		of contributions reported on lin						
æ		•	6	·	-			
ř	1	•	<b>l</b>		-l i			
ō		Net income or (loss) from fund		•				
	ya	Gross income from gaming ac Part IV, line 19						
			á I		-			
		Less direct expenses  Net income or (loss) from gam		<b>'</b> <u>L</u>	-			
		Gross sales of inventory, less	ing activities				· ·	<del> </del>
	IVa	returns and allowances						
	b	Less cost of goods sold		-	1			
	1	Net income or (loss) from sale		• L	┪			
	<del></del>	Miscellaneous Reveni		Business Code				<del>                                     </del>
	11a							1
	b							
	С							
	d	All other revenue						
	e	Total. Add lines 11a-11d		<b>•</b>				
	12	Total revenue. See instruction	ns	<b></b>	1,114,764	188		
								<del></del>

# Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to				
Do n 7b, 8	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22 ·				
3	Grants and other assistance to foreign organizations,		· - ·		
	foreign governments, and foreign individuals.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees .				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits .				
10	Payroll taxes .				
11	Fees for services (non-employees)				
а	Management				
b	Legal .	1,000		1,000	
С	Accounting .	3,500		3,500	
d	Lobbying		·		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees .				
g	Other. (If line 11g amount exceeds 10% of line 25, column	25 000		25 000	
	(A) amount, list line 11g expenses on Schedule O.)	35,992		35,992	
12	Advertising and promotion .	0.140	-,	0.110	
13	Office expenses	8,148	·	8,148	
14	Information technology				
15	Royalties				
16	Occupancy	81,667		81,667	
17	Travel .	01,007		81,007	
18	Payments of travel or entertainment expenses for any				
19	federal, state, or local public officials	189,971	189,971	<del> </del>	
20	Conferences, conventions, and meetings Interest	103,371	100,071		
21	Payments to affiliates	774,580		774,580	
22	Depreciation, depletion, and amortization			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
23	Insurance	388		388	
24	Other expenses. Itemize expenses not covered above				
	(List miscellaneous expenses in line 24e. If line 24e				
	amount exceeds 10% of line 25, column (A) amount,				
	list line 24e expenses on Schedule O.)				
а	SCHOLARSHIP EXPENSES	73,525	73,525	<u> </u>	
b	DONATIONS	25,132	1		
C	ADMINISTRATIVE EXPENSES	4,399			
d	EQUIPMENT	2,129		2,129	
e	All other expenses	11,978			
25	Total functional expenses. Add lines 1 through 24e	1,212,409	1		
26	Joint costs. Complete this line only if the organization	-		· ·	
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here ▶☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

_	_,	Check if Schedule O contains a response or not	e to any line in this Part X			
•				(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing			1	
	2	Savings and temporary cash investments		485,631	2	385,986
ļ	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and form	ner officers, directors,			
		trustees, key employees, and highest compensate	d employees.			
		Complete Part II of Schedule L	5			
	6	Loans and other receivables from other disqualified person	ns (as defined under section			
		4958 (f)(1)), persons described in section 4958(c)(3)(B), and c	contributing employers and			
		sponsoring organizations of section 501 (c)(9) voluntary emp	oloyees' beneficiary		1	
ets		organizations (see instructions) Complete Part II of Schedu	ile L		6	
Assets	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges .			9	
	10 a	Land, buildings, and equipment. cost or other			_	
		basis. Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation .	10b		10c	
	11	Investments publicly traded securities .		53,268	11	57,251
	12	Investments other securities. See Part IV, line 1	11 .		12	
	13	Investments program-related. See Part IV, line	11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11 .			15	
	16	Total assets. Add lines 1 through 15 (must equal	line 34)	538,899	16	443,237
	17	Accounts payable and accrued expenses			17	
	18	Grants payable	• • • • • • • • • • • • • • • • • • • •		18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities .			20	
	21	Escrow or custodial account liability. Complete Pa	art IV of Schedule D		21	<del></del>
jes	22	Loans and other payables to current and former of	officers, directors,			
Liabilitíes		trustees, key employees, highest compensated er	nployees, and		1	
Ei i		disqualified persons. Complete Part II of Schedule	eL .		22	
	23	Secured mortgages and notes payable to unrelate	ed third parties		23	
	24	Unsecured notes and loans payable to unrelated	·		24	
	25	Other liabilities (including federal income tax, pay			Ì	
		parties, and other liabilities not included on lines	17-24) Complete Part X		_	
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25	<del> </del>	0	26	0
<b>,</b>	1	Organizations that follow SFAS 117 (ASC 958)				
ě	l	complete lines 27 through 29, and lines 33 and	d 34.	538,899		442 227
<u>ja</u>	27	Unrestricted net assets		330,899		443,237
Ä	28	Temporarily restricted net assets			28	
Net Assets or Fund Balances	29	Permanently restricted net assets		<u> </u>	29	<del></del>
Ē		Organizations that do not follow SFAS 117 (AS	SC 958), check here ▶ 🔲 and			
ls o		complete lines 30 through 34.			20	
sse	30	Capital stock or trust principal, or current funds		<u> </u>	30	
t As	31	Paid-in or capital surplus, or land, building, or ed	•	<u> </u>	31	
Š	32	Retained earnings, endowment, accumulated inc	ome, or other tunds	538,899	32	443,237
	33	Total net assets or fund balances		538,899		443,237
	34	Total liabilities and net assets/fund balances		J J J J J J J	34	770,40/

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BWF 990

# SEVENTH DISTRICT ORGANIZAT 59-2638563

Page <b>12</b>	
1,114,764	
1,212,409	
-97,645	

Form **990** (2016)

Par	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				П
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	114,	764
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	212,	409
3	Revenue less expenses. Subtract line 2 from line 1	3		-97,	645
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		538,	899
5	Net unrealized gains (losses) on investments .	5		1,	983
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	_		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10		443,	237
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				П
				Yes	No
1	Accounting method used to prepare the Form 990' 🔀 Cash 📙 Accrual 📙 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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?		. 2b	X	
	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				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
За	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?	,	. За		Х
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

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Schedule J (Form 990) 2016

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

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

Nate: The sum of columns (BM)-[iii) for each listed individual most course the total amount

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	sted individual must e	qual the total amount of F	orm 990, Part VII, S	ection A, line 1a, applica	ble column (D) and (	(E) amounts for that indiv	ndual.
	(B) Breakdown of W-2	f W-2 and/or 1099-MISC compensation	compensation	(C) Retirement	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
RAJU AUNDRE BRANSON (I)							
0							
(1)							
9							
€ €							
							-
0							
							-
(1)							
						-	_
€ 8							
<b>(2)</b>							
8							
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(1)				-			
							-
9							
							-
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(ii)							

Schedule J (Form 990) 2016

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BWF 990

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### **SCHEDULE 0**

(Form 990 or 990-EZ)

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990.

OMB No. 1545-0047 **2016**Open to Public

Inspection

Name of the organization

**Employer identification number** 

SEVENTH DISTRICT ORGANIZATION OMEGA PSI PHI FRATERNIT59-2638563
PART VI SECTION A LINE 8A AND 8B - THE ORGANIZATION'S SEC TOOK MINUTES
OF ALL MEETINGS

PART VI SEC B LINE 10AB - EACH LOCAL CAHPTER HAS A GOVERNING BODY WITH WRITTEN POLICIES

PART VI SEC B LINE 11A - EACH OFFICER LISTED ON PAGE 7 IS PROVIDED A COPY OF FORM 990

PART XII LINES 2B AND 2C - THE FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT CPA FIRM. THE WAYS AND MEANS COMMITTEE HAS OVERSIGHT REPONSIBILTY FOR THE AUDIT