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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 07-01-2008, and ending 06-30-2009

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: ohio delta company of phi kappa psi fraternity. Number and street (or P O box, if mail is not delivered to street address) Room/suite: 47 e 16th ave. City or town, state or country, and ZIP + 4: columbus, OH 43201

D Employer identification number: 31-6052859. E Telephone number: (614) 923-6558. F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash [] Accrual Other (specify)

I Website: www.ohiodelta.org

H Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one): [X] 501(c)(2) (insert no) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 311,963

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Each section contains a list of items with corresponding line numbers and values.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

Table with 3 columns: (A) Beginning of year, (B) End of year, and line numbers. Rows include Cash, Land and buildings, Other assets, Total assets, Total liabilities, and Net assets or fund balances.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2008)

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? TO MANAGE/HOLD TITLE TO REAL PROPERTY			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28 the corporation owns and maintains two chapter house with a total capacity of 45 students at Ohio State Members are served meals during the day and are provided with living, meeting and study facilities including a separate "honors lodge" facility which is primarily used for education related purposes in addition to providing sleeping rooms. A meeting room is available to non-members at no charge. (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	0
29 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

Yes No

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

33 No

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes

34 No

35 *If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T*

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

35a No

b If "Yes," has it filed a tax return on **Form 990-T** for this year?

35b

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? *If "Yes," complete applicable parts of Schedule N*

36 No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** 0

b Did the organization file **Form 1120-POL** for this year?

37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

38a No

b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b

39 *501(c)(7) organizations.* Enter

a Initiation fees and capital contributions included on line 9

39a

b Gross receipts, included on line 9, for public use of club facilities

39b

40a *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 _____, section 4912 _____, section 4955 _____

b *Section 501(c)(3) and (4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? *If "Yes," complete Schedule L, Part I.*

40b

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0

d Enter amount of tax on line 40c reimbursed by the organization 0

e *All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

40e No

41 List the states with which a copy of this return is filed _____

42a The books are in care of the company Telephone no (614) 232-2647
 po box 1234
 Located at worthington, OH ZIP + 4 43085

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

42b Yes No

If "Yes," enter the name of the foreign country _____

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**

c At any time during the calendar year, did the organization maintain an office outside of the U S ?

42c No

If "Yes," enter the name of the foreign country _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year **43**

Yes No

44 Did the organization maintain any donor advised funds? *If "Yes," Form 990 must be completed instead of Form 990-EZ.*

44 No

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If "Yes," Form 990 must be completed instead of Form 990-EZ.*

45 No

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and

complete the tables for lines 50 and 51.

	Yes	No
46 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	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b If "Yes," was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000		

Please Sign Here 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.

Signature of officer: ***** Date: 2010-05-14

Type or print name and title: christopher e axene trustee/assistant treasurer

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's PTIN (See Gen Inst X): _____

EIN: _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

Additional Data

Software ID:

Software Version:

EIN: 31-6052859

Name: ohio delta company of phi kappa psi fraternity

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
GORDON GOUGH 233 ERIE ROAD COLUMBUS, OH 43214	PRESIDENT 5 00	0	0	0
jake wozniak 2706 dayton ave columBUS, OH 43202	Vice President 1 00	0	0	0
sean whalen 461 park blvd worthington, OH 43085	treasurer 2 00	0	0	0
seth porter 2627 north fourth street coluMBUS, OH 43202	secretary 1 00	0	0	0
elizabeth Schwartz 124 e 14th ave columbus, OH 43214	housemother 15 00	22,000	0	1,544

TY 2008 Other Assets Schedule

Name: ohio delta company of phi kappa psi fraternity

EIN: 31-6052859

Description	Beginning of Year Amount	End of Year Amount
artwork	0	65,000

TY 2008 Other Expenses Schedule

Name: ohio delta company of phi kappa psi fraternity

EIN: 31-6052859

Description	Amount
insurance	34,698
licenses and permits	1,378
accounting/bank fees	1,652
subscriptions	360
miscellaneous	3,542
Archive fees	1,109
mortgage interest	12,547
Utilities	11,441
lawncare	1,891
supplies	288
property taxes	28,925
repairs and maintenance	37,427

TY 2008 Other Liabilities Schedule

Name: ohio delta company of phi kappa psi fraternity

EIN: 31-6052859

Description	Beginning of Year Amount	End of Year Amount
Notest Payable	235,551	263,992

TY 2008 Other Revenues Schedule

Name: ohio delta company of phi kappa psi fraternity

EIN: 31-6052859

Description	Amount
misc	4,694

**TY 2008 Transfers Personal Benefits
Contracts Declaration**

Name: ohio delta company of phi kappa psi fraternity

EIN: 31-6052859

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.