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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Open to Public Inspection

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.

For the 2013 calendar year, or tax year beginning January 1 2013, and ending 20 13 C Name of organization Seventh District Organization - Omega Psi Phi Fraternity, Inc. D Employer identification number Check if applicable Address change Doing Business As 59-2638563 Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Name change П Initial return PO Box 212443 561-573-2922 City or town, state or province, country, and ZIP or foreign postal code П Terminated G Gross receipts \$ Amended return Royal Palm Beach, FL 33421 F Name and address of principal officer: Thomas Guyden H(a) is this a group return for subordinates?

Yes
No Application pending PO Box 212443, Royal Palm Beach, FL 33421 H(b) Are all subordinates included? Tes No If "No," attach a list. (see instructions) √ 501(c) (7)
√ (insert no.)
√ 4947(a)(1) or
√ 527 ___ 501(c)(3) Tax-exempt status Website: ▶ www.OPPF7D.com H(c) Group exemption number ▶ Form of organization Corporation Trust L Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: The mission is to perform community service and provide scholarships for college bound youth. Activities & Governance 2 Check this box ▶☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 30 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Current Year Contributions and grants (Part VIII, line 1h) . Program service revenue (Part VIII, line 2g) 261,173 434,236 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 600 335 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 106,385 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 368,158 434,571 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 13 0 0 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 Expenses Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 0 Total fundraising expenses (Part IX, column 101, line 25) Other expenses (Part IX, column (A) lines 11a-11d-11f-24e) 17 218,841 311,474 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A) line 25) 218.841 311,474 Revenue less expenses. Subtract line 12 2014. 19 149,317 123,097 End of Year Beginning of Current Year 20 Total assets (Part X. line 16) 482.017 590,329 21 Total liabilities (Part X, line 26) 46,967 32,182 Net assets or fund balances. Subtract line 21 from line 435,050 558,147 Signature Block Under penalties of penury, I declare that Unave examines 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 THOMAS GUYDEN DISTRICT TREASURER Type or print name and title Print/Type preparer's name Date Preparer's signature **Paid** Check [] if self-employed **Preparer** Firm's EIN ▶ Firm's name **Use Only**

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

Part		ment of Program Service		Part III	🗹
1		cribe the organization's mission			
•	•			ge bound youth.	
2			ficant program services during the		Yes 🗹 No
_	ff "Yes," de	scribe these new services on	Schedule O.	_	
3	services?				Yes 🗹 No
4		escribe these changes on Sch		its three largest program services, as	measured by
•	expenses.	Section 501(c)(3) and 501(c)(4)	4) organizations are required to reported.	ort the amount of grants and allocati	ons to others,
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	**				
			····		
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)

4d	Other prog (Expenses	ram services (Describe in Sch including g		ue.\$	
4e	 	ram service expenses) (Heveni	,	

Part	Checklist of Required Schedules			
	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		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		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
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		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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	5		1
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
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	•	✓
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 debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
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		1
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		1
	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	<u>-</u>	1
	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		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e	√	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	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 valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Part	Checklist of Required Schedules (continued)			
	- 11.1		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
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	✓	
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		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
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," complete Schedule L, Part I	25b		
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 so, complete Schedule L, Part II	26		√
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 any of these persons? If "Yes," complete Schedule L, Part III	27		√
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
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		1
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			/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	37	✓	

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
40	Fates the second second dis Dec 0 of Faces 4000 Fates 0 March and backles		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a 1b 1b 1b 1a	-		
b C	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
·	reportable gaming (gambling) winnings to prize winners?	1c		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			<u> </u>
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2ь		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	 		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			_
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>	ļ	✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		V
b	qifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
a	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	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	L
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
۵	organization, have excess business holdings at any time during the year?	 		
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b]	ļ	
11	Section 501(c)(12) organizations. Enter:]		
а	Gross income from members or shareholders	_	ļ	
b	Gross income from other sources (Do not net amounts due or paid to other sources			ŀ
	against amounts due or received from them.)	4	ł	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	4		Ì
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which	1		ĺ
•	the organization is licensed to issue qualified health plans			
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	 	1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Ė
	the state of the s			

Part \		and		"No"
· art	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			
Section	on A. Governing Body and Management			
_	E. D. J. C. C. J. C. C. J. C. C. L. C. C. L. C. C. L. C.		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 5			
2	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?	2		✓_
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? .	,		,
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		1
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		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
8	stockholders, or persons other than the governing body?	7b		
o	the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			١.
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	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	<u> </u>	<u> </u>
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		,
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	 	-
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
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?			
а	The organization's CEO, Executive Director, or top management official	15a		1
	Other officers or key employees of the organization	15b		1
	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?	16a		1
b	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?	16b		
Section	on 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 1024 if applicable), 990-T (Section 1024 if ap	n 50 1((c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interpretation of the conflict of	erest	polic	v. and
10	financial statements available to the public during the tax year.		0	,,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	Э	
	organization:			

•	•
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee) Complete to the complete t		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations				
		168	ıstee			insated				
(1) David Marion	l			,				[
District President	15		-	✓		<u> </u>		0	0	0
(2) Leslie Gamble	45			1			İ		o	0
District 1st Vice President	15	ļ		Ť		 		-		
(3) James Cistrunk District Secretary	15			1		1		0	o	O
(4) Thomas Guyden									-	
District Treasurer	15			1				0	о	0
(5) Benjamin Crump										
District Counselor	15			1				0	0	0
(6)	ļ							Ì		1
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	office office or directo	unles	Pos neck is pe	rson	than control Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensation related organizatic (W-2/1099-N	from amount of other compensation)	
(15)							<u> </u>							
(16)						-			 					
(17)														
(18)					-									
(19)			ļ	_		_								
(20)											_			
(21)				_	_	_								
								_		<u> </u>				
(22)					_									
(23)														
(24)														
(25)			1											
1b	Sub-total				•		•	>	0		0			0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio		•	•			▶	0	 	0			0
2	Total number of individuals (including bur reportable compensation from the organ	t not limited						e) w	·) of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc						emp	oloyee, or high	nest compe	nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual													1
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc	dividua 	5		1
	on B. Independent Contractors											2 200 - 1		
1	Complete this table for your five highest compensation from the organization. Rej year.											ganizatio		ax
	(A) Name and business add	Iress							(B) Description of s	services		(C) Compens	ation	
								-						
								<u> </u>						
								-						
2	Total number of independent contractor received more than \$100,000 of compen							o th	nose listed ab	ove) who				

Par	VIII	Statement of Revenue Check if Schedule O contains a response or note to	any line in this	Dart VIII		
		Check if Schedule O contains a response or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts st	1a	Federated campaigns 1a				
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues 1b				
S, G	С	Fundraising events 1c				
ar Ja	d	Related organizations 1d				
iE.	е	Government grants (contributions) 1e				
tio ar S	f	All other contributions, gifts, grants,	}			
흊		and similar amounts not included above 1f				
g g	g	Noncash contributions included in lines 1a-1f: \$	•			
	h	Total. Add lines 1a–1f				
Ę		Business Code				
6	2a	Program Service Revenue	434,236	434,236	0	0
Program Service Revenue	b					
	C d					
Š	e					
ם	f	All other program service revenue .				
8	g		434,236	., ,		
	3	Total. Add lines 2a–2f				
		and other similar amounts) ▶	335	335	0	0
	4	income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents	Į			
	b	Less: rental expenses				
	C	Rental income or (loss)	1			
	d 7a	Net rental income or (loss)	+			
	'a	assets other than inventory	İ			
	ь	Less. cost or other basis				
	-	and sales expenses .		Ì	,	
	С	Gain or (loss) .	ļ.			
	d	Net gain or (loss) ▶	†			
venue	8a	Gross income from fundraising				
		events (not including \$ of contributions reported on line 1c).				
Other Re		See Part IV, line 18 a				•
듛	ь	Less: direct expenses b	1	}		
_		Net income or (loss) from fundraising events . ▶				
	9a	Gross income from garning activities.				
		See Part IV, line 19 a			!	
		Less: direct expenses b				
	1	Net income or (loss) from gaming activities				
	Iva	returns and allowances a		1		
	ь	Less: cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
	<u> </u>	Miscellaneous Revenue Business Code				
	11a			ļ		
	ь					
	С					
	d	All other revenue				
	е	Total. Add lines 11a–11d				
	12	Total revenue. See instructions.	A2A 571		n	l

Form 99	0 (2013)				Page 10
	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons				
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				1
а	Management	0			
b	Legal	0			
C	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f 9	Investment management fees	2,000			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	150			
15	Royalties	0			
16	Occupancy	0			
17	Travel	17,935			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	159,134			
20	Interest	0			
21	Payments to affiliates	72,620			
22	Depreciation, depletion, and amortization .	701			
23	Insurance	0			-
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	Administrative Expenses	21,350			
b	Scholarship Expenses	32,600			
С	Donation Expenses	3,500			
d				·	
е	All other expenses Miscellaneous Expenses	1,484		ļ	
25	Total functional expenses. Add lines 1 through 24e	311,474			
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 following SOP 98-2 (ASC 958-720)				

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par		<u> </u>	🔲
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	444,667	2	539,360
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
;		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
χ	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
ĕ	7	Notes and loans receivable, net		7	······································
Assets	7 8	Inventories for sale or use		8	· · · · · · · · · · · · · · · · · · ·
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		3	
		· · · · · · · · · · · · · · · · · · ·		10c	
	b		37,350	11	45.107
	11	Investments—publicly traded securities	37,350	12	45,107
	12	Investments—other securities. See Part IV, line 11	·· · · · · · · · · · · · · · · · · · ·	13	···
	13			14	
	14	Intangible assets		15	
	15	Other assets. See Part IV, line 11	400.017	16	5,862
	16	Total assets. Add lines 1 through 15 (must equal line 34)	482,017	17	590,329
	17	Grants payable		18	
	18			19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities		21	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	=
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
<u> </u>		, ,		23	
-	23	Secured mortgages and notes payable to unrelated third parties		24	
	24	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		27	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
	ł		40.007	25	20.400
		of Schedule D	46,967	26	32,182
	26	Total liabilities. Add lines 17 through 25	46,967	20	32,182
Ş		complete lines 27 through 29, and lines 33 and 34.		1	
ည		•		27	
<u><u>a</u></u>	27	Unrestricted net assets		28	
ä	28	Temporarily restricted net assets		29	
핕	29	Permanently restricted net assets		25	
Ę		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ō				20	
ets	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ÄΑ	32	Retained earnings, endowment, accumulated income, or other funds .	435,050		558,147
ž	33	Total net assets or fund balances	435,050		558,147
_	34	Total liabilities and net assets/fund balances	482,017	<u> 34 </u>	590,329

orm 99	0 (2013)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1				4,571
2	Total expenses (must equal Part IX, column (A), line 25)	2			31	1,474
3	Revenue less expenses. Subtract line 2 from line 1	3			12	3,097
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			43	5,050
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			55	8,147
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	<u></u>	
			_		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," ex	plain i	n	- 1		
	Schedule O.					_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled o	or	i		
	reviewed on a separate basis, consolidated basis, or both:			Ì		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					,
b	Were the organization's financial statements audited by an independent accountant?	٠,٠	· 1_	2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	on i	a			
	separate basis, consolidated basis, or both:		j	1		
	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 or			_		
	of the audit, review, or compilation of its financial statements and selection of an independent accounts to the second selection of the second selection			2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	hisin i	"			
•		forth:	_	ļ		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set		••			ļ

the Single Audit Act and OMB Circular A-133?.

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.

Form **990** (2013)

SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
➤ Attach to Form 990.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 20**13**

Open to Public Inspection

Employer identification number

Seventh District Organization - Omega Psi Phi Fraternity, Inc. 59-2638563 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) . 2 3 Aggregate grants from (during year) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a **2**ď Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X .

Part	Organizations Maintaining	Colle	ections of	Art, Hist	orical T	reasures,	or Ot	her Similar A	sset	ts (contin	ued)
3	Using the organization's acquisition, a collection items (check all that apply):	acces	sion, and ot	ther recon	ds, chec	k any of the	e follow	ving that are a	signi	ficant use	of its
а	☐ Public exhibition					or exchang					
b	☐ Scholarly research			е [] Other						
C	☐ Preservation for future generations	3									
4	Provide a description of the organizat XIII.									purpose i	in Part
5	During the year, did the organization	solici	t or receive	donations	s of art,	histoncal tr	easures	s, or other sim	ilar		
	assets to be sold to raise funds rather			ained as p	art of the	organizati	on's co	flection? .	· _ [☐ Yes [No
Part	Complete if the organization 990, Part X, line 21.			" to Fom	n 990, P	art IV, line	9, or r	eported an a	moui	nt on For	m
18	Is the organization an agent, trustee,	cust	odian or oth	ner interm	ediary fo	or contribut	ions or	other assets	not		
	included on Form 990, Part X?								. 1	🗌 Yes [☐ No
b	If "Yes," explain the arrangement in Pa	art XII	I and comple	ete the fol	lowing ta	able:		1			
							-		Amo	unt	
C	Beginning balance						1c				
đ	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amour										⊣ No
	If "Yes," explain the arrangement in Pa	art XII	I. Check her	e if the ex	pianatio	n nas been	provide	a in Part XIII	· · ·		
Par	V Endowment Funds.Complete if the organization	2200	warad "Vac	" to Form	. 000 P	art IV line	10				
	Complete ii the organization		Current year	(b) Pric		(c) Two year		(d) Three years ba	ack (e) Four year	s back
10	Beginning of year balance	(-)		(-/	. ,	(4)		.,			
1a b	Contributions								-	_	
c	Net investment earnings, gains, and losses									-	
d	Grants or scholarships	<u> </u>									
e	Other expenditures for facilities and			-							
•	programs								1		
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of t	he cu	rrent year ei	nd balanc	e (line 1g	, column (a	i)) held	as:			
а	Board designated or quasi-endowmer	nt 🕨		%							
b	Permanent endowment ▶	%									
С	Temporarily restricted endowment ▶		%								
	The percentages in lines 2a, 2b, and 2										
3а	Are there endowment funds not in the	e pos	session of t	he organi:	zation th	at are held	and ad	ministered for	the		
	organization by:									Yes	No No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii)	
b	If "Yes" to 3a(ii), are the related organi			•					•	3b	
4	Describe in Part XIII the intended uses			on's endo	wment f	unds.					
Part				.) - F 00 <i>(</i>		V	40
	Complete if the organization	ans	l								
	Description of property		(a) Cost or o (investn			or other basis other)		Accumulated epreciation		(d) Book val	ue
1a	Land								L		
b	Buildings										
c	Leasehold improvements						ļ		ļ. —.		
d	Equipment								<u> </u>		
е	Other		<u> </u>		Ļ		<u> </u>		ļ		
Total.	Add lines 1a through 1e. (Column (d) n	nust e	equal Form 9	190, Part	ς columi	n (B), line 10	O(c).)	. ▶	Ĺ		

Part VII	Investments — Other Securities. Complete if the organization answers		n 990. Part I	V. line 11b	. See Form !	990. Part X. line 12.
 	(a) Description of security or category (including name of security)		(b) Book val		(c) Meth	od of valuation: of-year market value
(1) Financial	derivatives					
(2) Closely-h	neld equity interests					
(3) Other						
(A)						
(B)	·····					
(C) (D)						·····
(E)						
(F)						
(G)					····	
(H)						· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII	Investments—Program Related					
	Complete if the organization answ	wered "Yes" to For	m 990, Part I	V, line 110	. See Form 9	990, Part X, line 13.
	(a) Description of investment		(b) Book va	lue		od of valuation: of-year market value
(1)						
(2)						
(3)						
(4)	· · · · · · · · · · · · · · · · · · ·					
(5)			· · · · · · · · · · · · · · · · · · ·			
(6)					·	
<u>(7)</u>						
(9)						
	b) must equal Form 990, Part X, col (B) line 13)	· · · · · · · · · · · · · · · · · · ·				
Part IX	Other Assets.		, , , , , , , , , , , , , , , , , , , 			
	Complete if the organization ans		m 990, Part I	V, line 110	i. See Form	
	(a	i) Description				(b) Book value
(1) Projecto						364
(2) Label ID						4,364
	- District Secretary					1,134
<u>(4)</u> (5)	· · · · · · · · · · · · · · · · · · ·	<u> </u>				
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)	<u></u>	· · · ·	▶	5,862
Part X	Other Liabilities. Complete if the organization ans	wered "Yes" to For	m 990, Part i	V, line 11e	or 11f. See	Form 990, Part X,
1.	line 25. (a) Description of liability	(b) Book value	<u> </u>			
	ncome taxes	(D) BOOK VALUE				
	Meeting Registration		27,125			
(3) District	Graduate Dues		3,340			
	Undergraduate Dues		1,717			
(5)						
(6)						
(7)						
(8)						
(9)	(h) must a must Form 2000 Park V I (D) L					
	(b) must equal Form 990, Part X, col. (B) line 25.) ► r uncertain tax positions. In Part XIII, provi		32,182	nization's fi-	ancial stateme	nte that reporte the
	s liability for uncertain tax positions under					

Part	Reconciliation of Revenue per Audited Financial Statements with Revenue p	er ketum.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	. 1 1	
1	Total revenue, gains, and other support per audited financial statements	•	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
ď	Other (Describe in Part XIII.)	— <u> </u>	
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		
5			
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	s per neturn.	
1	Total expenses and losses per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	 	
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)	— <u></u>	
e	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.)	 	
b		- ₄,	
С 5	Add lines 4a and 4b		
	XIII Supplemental Information.	· 3	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and	1.2b: Part V. line 4: Part X	Line
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additions		.,
_,	, , , , , , , , , , , , , , , , , , , ,		
			-

Schedule D (For	m 990) 2013	Page 5
Part XIII	Supplemental Information (continued)	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► See separate instructions.
 Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

59-2638563 Seventh District Organization - Omega Psi Phi Fraternity, Inc. Part I Questions Regarding Compensation No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ Housing allowance or residence for personal use ☐ First-class or charter travel Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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 in Schedule J, report compensation from the organization in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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.

(B) Breakdown of V		(B) Breakdown		SC compensation	(iii	V-2 and/or 1099-MISC compensation	(a) (b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	
(A) Name and Title		(i) Base	(ii) Bonus & incentive	(III) Other	other deferred	(D) Nontaxable benefits	(E) lotal of columns (B)(I)–(D)	(F) Compensation reported as deferred in
		compensation	compensation	reportable	compensation			pnor Form 990
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2 Leslie Gamble	(0	0	0	0	0
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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Name of the organization Employer identification number Seventh District Organization - Omega Psi Phi Fraternity, Inc. 59-2638563 Form 990, Part III, Line 4d - All Other Activities The funds were used for community service and scholarships for college bound youths. Form 990, Part VI, Line 11b - Organization's Process toReview Form 990 No review was or will be conducted. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public.

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number

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