8



Department of the Treasury Internal Revenue Service 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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **2017**

Open to Public Inspection

A .50	or the	2017 cale	ndar year, or tax year beginnin		. 2017, an	<u>d endin</u>	g		, <u>2</u>	20	
B Ch	eck ıf a	pplicable	C Name of organization OMEC	GA PSI PHI FRATERNITY	INC		D Emplo	yer ider	ntification	numb	er
∐ Add	dress c	hange	Doing business as				59-2 <u>6</u>	<u> 385</u> 6	3		
Nar	me cha	nge	Number and street (or P.O. box if m	nail is not delivered to street address)	Roo	m/suite	E Teleph				
Init	ıal retu	rn	3007 W COMMERCIA	L BLVD	20	4	(954)	303	-5779		
Fina	al retur	rn/	City or town, state or province	e, country, and ZIP or foreign postal	code		G Gross				
terr	minate	d	FORT LAUDERDALE	FL 33309			receip	ts\$	1,	240,	728
☐ Am	ended	return	F Name and address of print	cipal officer.	H(a)	Isthisa	group return	for subor	dinates?	Yes	No
App	olicatio	n pending	SEE ATTACHMENT #	1	/ H(b)	Are all su	ıbordınates i	ncluded?	r	Yes	No
I Tax	x-exe	mpt status			27	If "No.	" attach a lis	it. (see ins	structions)	_	_
J We	ebsite	:► WWW	OMEGAPSIPHI7D.O		H(c)	Group ex	cemption nur	nber 🕨			
					Year of for				of legal dor	nicite	F'T.
Par	tΠ	Summ									
	1		scribe the organization's mission	or most significant activities.							
•	THE			RM COMMUNITY SERVICE	CE AN	D PR	OVIDE				
JČE			SHIPS FOR COLLEGE		<u> </u>	<u>D_11(</u>	OVIDD				
Activities & Governance	3.5			200112 100111							
Š	2	Check this	s box I if the organization dis	scontinued its operations or disposed	d of more	than 25°	% of its net	assets			
Ğ	3		of voting members of the governir					3			5
oğ vı	4		•	of the governing body (Part VI, line 1)	h)			4			 5
īţ.	5			alendar year 2017 (Part V, line 2a)				5			
훓	6		ber of volunteers (estimate if nec					6			30
ď	7a		elated business revenue from Par				•	7a			
	1		ated business taxable income from	, , , , -			••	7b			0
	<u>-</u>	7101 0111010	and such cost taxable moonle not	(PR) (PR) (C) (T)			rior Year	-75	Curro	nt Yea	
-	8	Contributi	ons and grants (Part VIII, line 1h)	RECEIVE				775		074,	
Revenue	9	Program	service revenue (Part VIII, line 2g)	,	S	₩		768		166,	
Š	10	Investmen	nt income (Part VIII, column (A), li	mes 3 4 and 7d) AUG 1 6 20	18 O	 -		221		100,	395
æ	11					 -		221			
	12		enue (Part VIII, column (A), lines !	nust equal Part VIII, column (A) line	100	 	1,114,	761	1	240,	728
	13		ed similar amounts paid (Part IX, o		121	ļ	1,114,	704		240,	
	14		paid to or for members (Part IX, co	•		 		-+			
	15		•	enefits (Part IX, column (A), lines 5-1							
Expenses	1		nal fundraising fees (Part IX, colui		10)						
eu	1 .				•	<u> </u>					
Ä	17		draising expenses (Part IX, column			 	1,212,	100		307,	823
	l			11a-11d, 11f-24e)		ļ	1,212,			307,	
	18	•	enses. Add lines 13-17 (must equ	, , , , , , , , , , , , , , , , , , , ,	•	ļ		645		-67,	
	19	Hevenue	less expenses. Subtract line 18 fr	om line 12	· · · · · ·	ļ					
ssets und	3	Total sa	oto (Dort V. Ima do)			Beginni	ng of Curren		End C	382,	
Ass	<u>-</u> 1		ets (Part X, line 16)		• •		443	231		304,	
Bo et	21		lities (Part X, line 26)			ļ	112	222		202	523
			s or fund balances. Subtract line	21 from line 20	- · · ·	L	443	, 237		382,	
Par			ture Block								
Under true, co	penalti orrect,	ies of perjury and complete	', I declare that I have examined this ret e Declaration of preparer (other than c	turn, including accompanying schedules and officer) is based on all information of which	d statement preparer ha	ts, and to as any kno	the best of m wiedae.	ny knowle	edge and bel	ief, it is	
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Cian		1	nature of officer						8-9-18	2	
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Here	3		OHNNIE SMITH	DI:	STRIC	T TR	REASUR	EK_			
			oe or print name and title	TD				п	DT11.		
Paid			Type preparer's name	Preparer's signature	Date 8 - 9	-1D	Check		PTIN		7
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Use				LOCK			Firm's EIN	<u> 270</u>	<u> 10 / 034</u>	5	
USE	VIII			OMMERCIAL BLVD			Phone no.	.			
<u> </u>	L - 15:	FOF		33309		((954) 7	<u> 30-2</u>			-
				n above? (see instructions)	<u>· · · · · · </u>			<u> </u>		Yes	No
For P	aper	work Redu	iction Act Notice, see the separ	rate instructions.					Form	990 (2017)

Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	<u></u>
	<u></u>
1 Bnefly describe the organization's mission:	
THE MISSION IS TO PERFORM COMMUNITY SERVICE	AND PROVIDE
SCHOLARSHIPS FOR COLLEGE BOUND YOUTH	
B. Did the annual to undertake any propries to average during the second state of the	and the state of t
2 Did the organization undertake any significant program services during the year which we prior Form 990 or 990-EZ?	
•	<u> Yes Mo</u> No
If "Yes," describe these new services on Schedule O.	
3 Did the organization cease conducting, or make significant changes in how it conducts, a services?	
services?	Yes
	to a second to
4 Describe the organization's program service accomplishments for each of its three largest expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount the total expenses, and revenue, if any, for each program service reported.	
4a (Code) (Expenses \$ 292,500 including grants of \$) (Revenue \$ 166, 087)
SEE ATTACHMENT #2	
4b (Code) (Expenses \$including grants of \$) (Revenue \$)

4C (Code) (Expenses \$ including grants of \$) (Revenue \$)
(6.21)	
4d Other program services (Describe in Schedule O.)	
(Expenses \$ including grants of \$) 4e Total program service expenses \$ 292,500	(Revenue \$



Page 3

Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Χ Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 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 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 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 ... Χ 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 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 ... Χ Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 Χ 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." X 11a b Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more 11b X c 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 Х 11c 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's hability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a 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 ... X 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 14a Did the organization maintain an office, employees, or agents outside of the United States? **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 X 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 X 15 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 X 16 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) X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part ii 18 Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? X

Part IV Checklist of Required Schedules (continued)

			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 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A	24d		
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," 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	L	X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	Ì		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).		_	_ I
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
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	}	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	├	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		1	١,,
	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,	l		.,
20	Part I	31	├ ──	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			X
33	Complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	 	 ^- -
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33	├	<u>-^-</u>
5 4	or IV, and Part V, line 1	34		Х
35a		35a	 	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a	\vdash	1
,	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	330	 	
	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	37]	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	T-	t	† <u> </u>
	19? Note. All Form 990 filers are required to complete Schedule O	38		X
		<u> </u>		

	,					0 2 0 0 0	~ ~
D 1 1/	Statements			^ C 'II'			
	Statomonte	Renarnina	CHOOP IN	S HIIIDAC OF	M ISV ('Amnlianca	

	Check if Schedule O contains a response or note to any line in this Part V		٠	П
			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 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	ļ		
	reportable gaming (gambling) winnings to prize winners?	1c		Χ_
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 0			
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)			
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	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		Х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	grifts were not tax deductible?	6b		
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	- 4	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\dots N/A$	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
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		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		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		,	
	sponsoring organization have excess business holdings at any time during the year?	8		X_
9	Sponsoring organizations maintaining donor advised funds.		4	' '
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		_X_
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		_X_
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · 10a		}	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b0			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		X
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
C	Enter the amount of reserves on hand			L
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u> _
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N/A	14b		<u> </u>
FDA	17 9905 BWF 990 Form Coffware Consumbly 1995 3048 HBB Toy Crown Inc.	Form	200	(2017)

OMEGA PSI PHI FRATERNITY I 59-2638563 Form, 990 (2017) 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 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 2 any other officer, director, trustee, or key employee? Χ Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? ... 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? . . . X Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? а 8a Each committee with authority to act on behalf of the governing body? X 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 Χ 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? 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. X 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 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/A 12c 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? а The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization ... 15b 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 X with a taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE 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. Another's website X Upon 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

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.

M 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		(do not box, un officer a	Posi check less pe and a di	more th rson is	an one ooth an crustee)		(D) Reportable compensation	(E) 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
JAMES CISTRUNK DISTRICT PRESIDENT REGINALD HARRIS	5.00			X				0	0	0
DISTRICT 1ST VICE PRESIDENT	5.00			x				0	0	0
GEORGE COOKE DISTRICT SECRETARY	5.00			x				o	o o	0
JOHNNIE SMITH DISTRICT TREASURER	10.00			x		1		0	0	0
RAJU AUNDRE BRANSO DISTRICT COUNSELOR	5.00			x					0	0

Form **990** (2017)

Part	Section A. Unicers	, Directors	, irusti	562, V	ey En	ibioae	es, and	nigne	est Compensated E	inployees (continue)			
÷	.` (A) Name and title	(B)		box. ur	Positicheck ticheck tless pe and a d	more th	an one both an 'trustee)		(D) Reportable	(E) Reportable	Estin amo	(F) mated ount of	
		hours per week (list	Indiv	Inst	Officer	Κey	Hig	Former	compensation from	compensation from related		ther ensati	OB
		for related	/idual	tution	CBT	Key employee	hest c	30 07	the	organizations	froi	m the	
		organiza- tions below	Individual trustee or director	nstitutional trustee		оуее	e ompe		organization (W-2/1099-MISC)	(W-2/1099-MISC)		nizatio related	
		dotted line)	86	stee			Highest compensated employee		(VV- 2/1099-MISC)		1	nization	
									į				
						ļ		<u> </u>					
			i										
		ļ			ļ								
				İ									
1b	Sub-total						•	. ▶			ļ		
c d	Total from continuation shat Total (add lines 1b and 1c		-	ectio	n A···		·	▶			 		
2	Total number of individuals				to tho	se liste	d above	e) who	received more than	\$100,000 of			
	reportable compensation fro	om the orga	anization				· <u> </u>			<u></u>		Yes	No
3	Did the organization list any employee on line 1a? If "Yes			•		-	•	• •	or highest compensation	ted	. 3		X
4	For any individual listed on									from the			
5	organization and related org Did any person listed on line		-								4		X
	for services rendered to the	organizati			-		•		-		. 5		<u> </u>
	Complete this table for your								4h-4	han (1400 000 -1			
1	Complete this table for your compensation from the organization										tax year.		
	Name an	(A) d business	address	 s					(B) Description of s	ervices	(Compe	C) ensatio	n
								\vdash					
2	Total number of independe	nt contract	ors (ınclı	udina	but no	t limite	d to thos	se liste	ed above) who				
	received more than \$100,00								,				

FDA

		· Check if Schedule O contains a resp	onse or	note to any line in thi	s Part VIII		<u></u> .	· · · ·
:					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
ts s	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	i i	Membership dues	1b	179,195			1	
9,5		Fundraising events	10				1	
ifts ir A		Related organizations	1d	864,719				Ì
3,5 G 75		Government grants (contributions)	1e				İ	
Sig		All other contributions, gifts, grants, &	-					
ĒĒ	•	similar amounts not included above	11	30,332	İ		1	1
Ē	g	Noncash contributions included in lines 1a-1f						İ
ÖE			•		1,074,246		1	
		Total. Add lines 1a-1f			2,011,210			
	30	DDOCDAM CEDUTCE DEV	וזואקן	Business Code	166,087		ļ — ————	
ice		PROGRAM SERVICE REV	ENU		100,007		 	
Program Service Revenue	b						 	
n S	C				· · · · · · · · · · · · · · · · · · ·			
e a	d							
5 E	е							ļ
<u> </u>	T	All other program service revenue			166 000			
	g	Total. Add lines 2a-2f			166,087			<u> </u>
	3	Investment income (including dividend			205			1
		•		· · · · · · · •	395		ļ	<u></u>
	4	Income from investment of tax-exempt	bond p	roceeds · · · · ▶		· · · · · · · · · · · · · · · · · · ·		
	5		· · ·					
		(i) Re	al	(II) Personal	, 2 *			
	ľ	Gross rents			·			Ī
	ı	Less rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7a	Gross amount from sales (i) Secur	nties	(ii) Other	3			
		of assets other than						
		inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)			<u> </u>			
		Net gain or (loss)		▶			<u> </u>	
	8a	Gross income from fundraising events			*	ı		
e		(not including \$,			
le l		of contributions reported on line 1c).		ļ	!			
Æ		See Part IV, line 18	. а					
Other Revenue	b	Less: direct expenses	. b					
ŧ.		Net income or (loss) from fundraising e	vents	<u>.</u>				L
_	9a	Gross income from gaming activities.						
		See Part IV, line 19	· a					
		Less: direct expenses						
		Net income or (loss) from gaming activ	ities	•				
	10a	Gross sales of inventory, less			, ,			
İ		returns and allowances	а		- 1		1	
		Less cost of goods sold						
	С	Net income or (loss) from sales of inve	ntory	Þ				
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С							
	đ	All other revenue						
į	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions			1,240,728		 	

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other org	anizations must com	plete column (A).		
	· Check if Schedule O contains a response or note to					Ш
	not include amounts reported on lines 6b, 3b, 9b, 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 domestic organizations				1 1000	
	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.		II.			
	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	3,198		3,198		
C	Accounting	3,000	<u> </u>	3,000		
d e	Lobbying					
f	Professional fundraising services. See Part IV, line 17 Investment management fees			-		
g						
y	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	43,004		43 004		
12	Advertising and promotion	43,004	·	43,004		
13	Office expenses	8,486	 -	7,246		
14	Information technology			7,210		
15	Royalties					
16	Occupancy					
17	Travel	57,409		57,409	· · · · · ·	
18	Payments of travel or entertainment expenses			_		
	for any federal, state, or local public officials					
19	Conferences, conventions, and meetings	201,198	193,215	-		
20	Interest					
21	Payments to affiliates	891,855		891,855		
22	Depreciation, depletion, and amortization					
23	Insurance	388		388		
24	Other expenses. Itemize expenses not covered	-1145 F				
	above (List miscellaneous expenses in line 24e. If	****				
	line 24e amount exceeds 10% of line 25, column	* **	ŧ ,			
	(A) amount, list line 24e expenses on Schedule O.)					
a	SCHOLARSHIP DONATIONS AND CLETTS	62,696	62,696			
b c	DONATIONS AND GIFTS ADMINAISTRATIVE EXPENSES	30,507 2,320	30,507			
d	ADWARDS	3,762	2,320 3,762			
e	All other expenses	3,762	3,762	_		
25	Total functional expenses. Add lines 1 through 24e	1,307,823	292,500	1,006,100		
<u> </u>	Joint costs. Complete this line only if the organization		2,300	1,000,100		
	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 note 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	385,986	2	318,816
	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.	ļ		
	1	Complete Part II of Schedule L		5	'
	6	Loans and other receivables from other disqualified persons (as defined under section		$\neg \uparrow$	
	ĺ	4958 (f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		1	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		l	
क्		organizations (see instructions). Complete Part II of Schedule L		_6	
Assets	7	Notes and loans receivable, net		7	75
⋖	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	*	1	
	Ь	Less: accumulated depreciation 10b		10c	
	11	Investments publicly traded secunties	57,251	11	63,632
	12	Investments other securities. See Part IV, line 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)	443,237	16	382,523
_	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 Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,	,		
Ħ		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	ļ	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	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and	5 gs /		
ces	1	complete lines 27 through 29, and lines 33 and 34.			
<u>la</u>	27	Unrestricted net assets	443,237	27	382,523
Ba	28	Temporarily restricted net assets		28	
Ę	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
Net Assets or Fund Balances	1	complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds		32	
-	33	Total net assets or fund balances	443,237		382,523
	34	Total liabilities and net assets/fund balances	443,237	34	382,523

Form	990 (2017) _ OMEGA PSI PHI FRATERNITY I 59-2638	563			Page	e 12
Par	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,	240,	728
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,	307,	823
3	Revenue less expenses. Subtract line 2 from line 1	3			-67,	095
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			443,	237
5	Net unrealized gains (losses) on investments	5			6,	381
6	Donated services and use of facilities	6				
7	Investment expenses	7	<u></u>			
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	L .	-		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			382,	, 523
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. П
1	Accounting method used to prepare the Form 990.				Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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	Х	
	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?			20	IV	

Form **990** (2017)

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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 O.

FDA

59-2638563 OMEGA PSI PHI FRATERNITY I

I

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 Schedule J (Form 990) 2017
Part II Officers, Di

instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (RIV)-(iii) for each listed individual must equal the total amount

Note: The s	um of colu	-(ı)(B) suшr	-(III) for each I	isted individual must er	qual the total amount of	Form 990, Part VII, S	Note: The sum of columns (B)(t)-(iii) for each listed individual must equal the total amounts for that individual.	ible column (D) and (t	E) amounts for that indi	vidual.
				(b) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(A) Nam	(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	(D)-(I)(B)	in column (B) reported as deferred on prior Form 990
RAJU AUNDRE		BRANSON								
FDA 17 9	990J2	BWF 990	(II) Form Software	Form Software Copyright 1996 – 2018 HRB Tax Gr	RB Tax Group, Inc.				Schedule	Schedule J (Form 990) 2017

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.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2017
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

OMEGA PSI PHI FRATERNITY INC 7TH DISTRICT HEADQUARTER 59-2638563
PART VI SECTION A LINE 8A AND 8B - THE ORGANIZATION'S SECRETARY TOOK
MINUTES OF ALL MEETINGS

PART VI SEC B LINE 10B - EACH LOCAL CHAPTER HAS A GOVERNING BODY WITH WRITTEN POLICES

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 INDEPENDNT CPA FIRM. THE WAYS AND MEANS COMMITTEE HAS OVERSIGHT REPONSIBILTY FOR THE AUDIT