

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form 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/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
OMEGA PSI PHI FRATERNITY
XI IOTA IOTA OMEGA PSI PSI

Number and street (or P O box, if mail is not delivered to street address) Room/suite
2172 ARLINGTON DRIVE

City or town, state or province, country, and ZIP or foreign postal code
LIMA, OH 45805

D Employer identification number
91-2025725

E Telephone number
(419) 236-3779

F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) _____

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

I Website: N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(7) (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 35,456**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I.

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21							
Revenue	1 Contributions, gifts, grants, and similar amounts received																35,455																			
	2 Program service revenue including government fees and contracts																																			
	3 Membership dues and assessments																																			
	4 Investment income																	1																		
	5a Gross amount from sale of assets other than inventory																																			
	b Less cost or other basis and sales expenses																																			
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																			
	6 Gaming and fundraising events																																			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)																																			
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																																			
c Less direct expenses from gaming and fundraising events																																				
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																																				
7a Gross sales of inventory, less returns and allowances																																				
b Less cost of goods sold																																				
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																				
8 Other revenue (describe in Schedule O)																																				
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																																				
Expenses	10 Grants and similar amounts paid (list in Schedule O)																																			
	11 Benefits paid to or for members																																			
	12 Salaries, other compensation, and employee benefits																																			
	13 Professional fees and other payments to independent contractors																																			
	14 Occupancy, rent, utilities, and maintenance																																			
	15 Printing, publications, postage, and shipping																																			
	16 Other expenses (describe in Schedule O)																																			
	17 Total expenses. Add lines 10 through 16																																			
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)																																			
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																																			
	20 Other changes in net assets or fund balances (explain in Schedule O)																																			
	21 Net assets or fund balances at end of year Combine lines 18 through 20																																			

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	14,642	22 19,693
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	14,642	25 19,693
26 Total liabilities (describe in Schedule O).	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	14,642	27 19,693

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
 LEADERSHIP TRAINING THROUGH SCIENTIFIC AND LITERARY PURSUITS, AND PROVIDE FUNDING TO ORGANIZATIONS EDUCATIONAL FOUNDATION

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
GARY W WILSON PRESIDENT	2 00	0	0	0
JARRETT A THOMAS VICE PRESIDENT	2 00	0	0	0
PAUL LUCAS SECRETARY	2 00	0	0	0
JESSIE L POPE TREASURER	2 00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, description, and Yes/No columns. Rows include questions 33 through 41e regarding organizational activities, financials, and tax shelter status.

42a The organization's books are in care of GARY WILSON Telephone no (937) 474-8441 Located at 1600 PATTON LIMA, OH ZIP + 4 45805

Table with columns for question number, description, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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

Table with columns for question number, description, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

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

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer	2019-03-18 Date
JESSIE L POPE TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JAMES T CLARK	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00361691
Firm's name ▶ LLOYD DARNER GUENTHER & ELLIS PLL			Firm's EIN ▶ 31-0603874		
Firm's address ▶ 7755 PARAGON RD STE 105 DAYTON, OH 45459			Phone no (937) 297-3000		

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

Additional Data

Software ID:

Software Version:

EIN: 91-2025725

Name: OMEGA PSI PHI FRATERNITY
XI IOTA IOTA OMEGA PSI PSI

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 PROVIDE LEADERSHIP TRAINING AND SCHOLARSHIPS FOR STUDENTS TO PURSUE SCIENTIFIC AND LITERARY EDUCATION (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	0

TY 2018 Transfers Personal Benefits Contracts Declaration

Name: OMEGA PSI PHI FRATERNITY
XI IOTA IOTA OMEGA PSI PSI

EIN: 91-2025725

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury

Name of the organization
OMEGA PSI PHI FRATERNITY
XI IOTA IOTA OMEGA PSI PSI

Employer identification number

91-2025725

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 1

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION FUNDS TRANSFERRED TO EDUCATIONAL FOUNDATION GRANTEE NAME UPLIFT GROUP GRANTEE ADDRESS 2653 MERRIMONT DR TROY, OH 45373 GRANTEE RELATIONSHIP EDUCATIONAL FOUNDATION OF OMEGA PSI PHI PROPERTY DESCRIPTION CASH AMOUNT GIVEN 100

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION INTERNATIONAL DUES FOR INDIVIDUAL MEMBERS GRANTEE NAME OMEGA PS I PHI FRATERNITY INC GRANTEE ADDRESS 3951 SNAPPINGER PARKWAY DECATUR, GA 30035 GRANTEE RELATIONSHIP INTERNATIONAL AFFILIATE PROPERTY DESCRIPTION CASH FOR DUES AMOUNT GIVEN 2,359 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 2,459

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION ADVERTISING AMOUNT 1,589 DESCRIPTION OFFICE EXPENSE AMOUNT 148 DESCRIPTION AWARDS AND INCENTIVES AMOUNT 270 DESCRIPTION BANK CHARGES AMOUNT 9 DESCRIPTION DONATIONS AMOUNT 850 DESCRIPTION FILING FEES AMOUNT 100 DESCRIPTION INSURANCE AMOUNT 800 DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 171 DESCRIPTION ACHIEVEMENT WEEK AMOUNT 16,716 DESCRIPTION SUPPLIES AMOUNT 63 DESCRIPTION TRAVEL AMOUNT 6,644 TOTAL TO FORM 990-EZ, LINE 16 27,360