

Form 990-EZ

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.

Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 09-01-2018, and ending 08-31-2019

☐ Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

OMEGA CHAPTER OF OMICRON KAPPA UPSILON  
NEW YORK UNIVERSITY COLLEGE OF DENTISTRY

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

345 E 24TH STREET MAILBOX 44

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

NEW YORK, NY 10010

D Employer identification number

37-1615233

E Telephone number

(212) 998-9701

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: [WWW.NYU.EDU/PAGES/DENTAL/OKU](http://WWW.NYU.EDU/PAGES/DENTAL/OKU)

J Tax-exempt status(check only one) ☐ 501(c)(3) ☒ 501(c)( 6) (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 . . . . . \$ 58,665

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	Contributions, gifts, grants, and similar amounts received	20,000
1		
2	Program service revenue including government fees and contracts . . . . .	14,890
2		
3	Membership dues and assessments . . . . .	21,725
3		
4	Investment income . . . . .	
4		
5a	Gross amount from sale of assets other than inventory . . . . .	
5b	Less: cost or other basis and sales expenses . . . . .	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	
5c		
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)	
6d		
7a	Gross sales of inventory, less returns and allowances	
7b	Less: cost of goods sold . . . . .	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	
7c		
8	Other revenue (describe in Schedule O) . . . . .	2,050
8		
9		58,665

Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶			
9			
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	8,443
	11 Benefits paid to or for members . . . . .	11	
	12 Salaries, other compensation, and employee benefits . . . . .	12	
	13 Professional fees and other payments to independent contractors . . . . .	13	1,500
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	
	15 Printing, publications, postage, and shipping . . . . .	15	
	16 Other expenses (describe in Schedule O) . . . . .	16	46,256
17 Total expenses. Add lines 10 through 16 . . . . . ▶	17	56,199	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	2,466
	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) . . . . .	19	109,994
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21	112,460
	For Paperwork Reduction Act Notice, see the separate instructions.		Cat. No. 10642I

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	109,994	112,460
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	109,994	112,460
26 Total liabilities (describe in Schedule O).	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	109,994	112,460

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?  
THE OMEGA CHAPTER OF OMNICRON KAPPA UPSILON (THE "SOCIETY") WAS ESTABLISHED TO PROMOTE A SPIRIT OF HIGH SCHOLARSHIP AND GOOD CHARACTER AMONG STUDENTS OF DENTISTRY AND TO HONOR, IN AN APPROPRIATE MANNER, THOSE WHO HAVE DISTINGUISHED THEMSELVES IN THESE QUALITIES.

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 THE SOCIETY PRESENTS AWARDS FOR ACADEMIC EXCELLENCE ("KAUFMAN," "KRAMER" & "ALFANO" AWARDS) ANNUALLY TO STUDENTS. THE AWARDS CELEBRATE EXCELLENCE IN SCHOLARSHIP, LEADERSHIP & SERVICE.

(Grants \$ 8,443) If this amount includes foreign grants, check here

29

(Grants \$ ) If this amount includes foreign grants, check here

30

(Grants \$ ) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a)

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28a

8,443

29a

30a

31a

32

8,443

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
STEVEN RESNICK DDS PRESIDENT	3.00	0	0	0
MARTINE MANDRACCHIA DDS PRESIDENT ELECT	3.00	0	0	0
LUCRETIA DEPAOLA-CEFOLA DDS VICE PRESIDENT	3.00	0	0	0
GERALD KLACZANY DDS SECRETARY-TREASURER	3.00	0	0	0

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Form **990-EZ** (2018)

		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.		
	No	46	

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.

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 and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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	2020-01-20
	Date	
	BRUCE BRANDOLIN DDS PRESIDENT	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JAMES J REILLY	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00183769
	Firm's name CONDON O'MEARA MCGINTY & DONNELLY LLP			Firm's EIN 13-3628255	
	Firm's address ONE BATTERY PARK PLAZA 7TH FL NEW YORK, NY 10004			Phone no. (212) 661-7777	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes

☐ No

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990-EZ, Special Condition Description:**

**Special Condition Description**

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>	<div>OMB No. 1545-0047</div> <div>2018</div>
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<div>Name of the organization</div> <div>OMEGA CHAPTER OF OMICRON KAPPA UPSILON NEW YORK UNIVERSITY COLLEGE OF DENTISTRY</div>	<div>Employer identification number</div> <div>37-1615233</div>
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Organization type (check one):

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><input type="checkbox"/> 501(c)( ) (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div> <div><input type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>
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Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> OMEGA CHAPTER OF OMICRON KAPPA UPSILON NEW YORK UNIVERSITY COLLEGE OF DENTISTRY	<b>Employer identification number</b> 37-1615233
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Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>



<b>Name of organization</b> OMEGA CHAPTER OF OMICRON KAPPA UPSILON NEW YORK UNIVERSITY COLLEGE OF DENTISTRY	<b>Employer identification number</b>  37-1615233
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<div></div>	<div></div>	<div>\$</div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<div></div>	<div></div>	<div>\$</div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<div></div>	<div></div>	<div>\$</div>	<div></div>
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<div></div>	<div></div>	<div>\$</div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<div></div>	<div></div>	<div>\$</div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<div></div>	<div></div>	<div>\$</div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<div></div>	<div></div>	<div>\$</div>	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<div></div>	<div></div>	<div>\$</div>	<div></div>

<b>Name of organization</b> OMEGA CHAPTER OF OMICRON KAPPA UPSILON NEW YORK UNIVERSITY COLLEGE OF DENTISTRY	<b>Employer identification number</b>  37-1615233
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Part III

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_**

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div>	<div></div>	<div></div>

## Additional Data

[Return to Form](#)

Software ID:

Software Version:

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**  
Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization OMEGA CHAPTER OF OMICRON KAPPA UPSILON NEW YORK UNIVERSITY COLLEGE OF DENTISTRY	Employer identification number  37-1615233
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Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION: OTHER INCOME. AMOUNT: 2,050.
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION: OKU 2018 PRESIDENTIAL MEDALLION. GRANTEE NAME: (2) \$300 AWARDS. GRANTEE RELATIONSHIP: NONE. AMOUNT GIVEN: 600.
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION: NYU FRESHMAN CLASS GIFTS. GRANTEE NAME: 4 NYU FRESHMAN. GRANTEE RELATIONSHIP: NONE. PROPERTY DESCRIPTION: "IMPRINT" POWERBANK. METHOD USED TO DETERMINE BOOK VALUE: FMV. METHOD USED TO DETERMINE FMV: FMV. BOOK VALUE OF PROPERTY: 2,843. AMOUNT GIVEN: 2,843.
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION: CHARITABLE DONATION. GRANTEE NAME: NYU ORAL HEALTH CENTER FOR DISABILITIES. AMOUNT GIVEN: 5,000. TOTAL INCLUDED ON FORM 990-EZ, LINE 10: 8,443.
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION: SUPREME CHAPTER DUES. AMOUNT: 300. DESCRIPTION: ADMINISTRATION. AMOUNT: 600. DESCRIPTION: BUSINESS MEETINGS. AMOUNT: 1,611. DESCRIPTION: CONVOCATION. AMOUNT: 36,996. DESCRIPTION: OTHER. AMOUNT: 6,749. TOTAL TO FORM 990-EZ, LINE 16: 46,256.

# Additional Data

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Software ID:

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