

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2019Open to Public
InspectionDepartment 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.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. 2007

A For the 2019 calendar year, or tax year beginning AUG 1, 2019 and ending JUL 31, 2020	
B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SIGMA DELTA TAU SOCIETY BETA TAU Number and street (or P.O. box if mail is not delivered to street address) 14 UNION STREET City or town, state or province, country, and ZIP or foreign postal code NEW BRUNSWICK, NJ 08901
D Employer identification number 22-2419112	E Telephone number 732-618-8085
F Group Exemption Number ▶ 1026	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	I Website: ▶
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (7) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 151,862.	

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 ☒

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and cont	2	
	3 Membership dues and assessments	3	151,862.
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c 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)	6a	
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)	6b		
c Less: direct expenses from gaming and fundraising events	6c		
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	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	151,862.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	13,443.
	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	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	127,797.
	17 Total expenses. Add lines 10 through 16	17	141,240.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	10,622.
	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	10,106.
	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	20,728.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2019)

Postmark Missing

20 NE

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	10,106.	22 20,728.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	10,106.	25 20,728.
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)	10,106.	27 20,728.

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 ☒
Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
What is the organization's primary exempt purpose? **SEE SCHEDULE O**

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 SOCIAL ACTIVITIES(Grants \$) If this amount includes foreign grants, check here ☐ **28a****29 PHILANTHROPY**(Grants \$) If this amount includes foreign grants, check here ☐ **29a****30 RECRUITMENT**(Grants \$) If this amount includes foreign grants, check here ☐ **30a****31 Other program services (describe in Schedule O)**(Grants \$) If this amount includes foreign grants, check here ☐ **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
ROMI NATIV PRESIDENT	5.00	0.	0.	0.
EMMA BRUSHABER VICE PRESIDENT	5.00	0.	0.	0.
MELISSA LEAVY TREASURY	5.00	0.	0.	0.
MARLEE BEDER SECRETARY	5.00	0.	0.	0.
MORGAN SEIBENBERG PANHELLENIC	5.00	0.	0.	0.
TAYLOR RONCIN VP PHILANTHROPY	5.00	0.	0.	0.
MCKENNA KLEIN VP SCHOLARSHIP	5.00	0.	0.	0.
MARLEY ARZONICO VP NM EDUCATION	5.00	0.	0.	0.
RONI RAPPAPORT VP RECRUITMENT	5.00	0.	0.	0.
NISRINE BOTO VP SOCIAL	5.00	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 Sch. O to respond to any question in this Part V ☒

- 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
- 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
- 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
- b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
- c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
- 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

Yes No

33		X
34		X
35a		X
35b	N/A	
35c		X
36		X
37a	0	
37b		X
38a		X
38b	N/A	
39a	0	
39b	0	
40a	N/A	
40b	N/A	
40c	N/A	
40d		
40e		X

- 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
- b Did the organization file Form 1120-POL for this year?
- 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
- b If "Yes," complete Schedule L, Part II, and enter the total amount involved
- 39 Section 501(c)(7) organizations. Enter:
- a Initiation fees and capital contributions included on line 9
- b Gross receipts, included on line 9, for public use of club facilities
- 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
- section 4911 N/A; section 4912 N/A; section 4955 N/A
- b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
- c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
- d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
- e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

- 41 List the states with which a copy of this return is filed NONE
- 42 a The organization's books are in care of DEBBIE ELEFThERIOU Telephone no. 732-618-8085
Located at 14 UNION STREET, NEW BRUNSWICK, NJ ZIP + 4 08901

- b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
- If "Yes," enter the name of the foreign country
- See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
- c At any time during the calendar year, did the organization maintain an office outside the United States?
- If "Yes," enter the name of the foreign country

Yes No

42b		X
42c		X

- 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 N/A

Yes No

- 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
- b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
- c Did the organization receive any payments for indoor tanning services during the year?
- d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
- 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
- b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

44a		X
44b		X
44c		X
44d		
45a		X
45b		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

Yes No

If "Yes," complete Schedule C, Part I

46

X

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 Sch. 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
N/A				

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." N/A

(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

Date

MARISSA ALOIA, PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
BRYAN PAUTSCH	BRYAN PAUTSCH	01/10/22		P00034913
Firm's name	Firm's EIN			
VONLEHMAN & COMPANY INC.	31-0905417			
Firm's address	Phone no.			
810 WRIGHT'S SUMMIT PARKWAY, SUITE 300 FORT WRIGHT, KY 41011	(859) 331-3300			

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

X Yes

No

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.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

SIGMA DELTA TAU SOCIETY BETA TAU

Employer identification number
22-2419112

FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

ACTIVITY CLASSIFICATION: SUPPORT FOR PREVENION OF CHILD ABUSE

GRANTEE NAME: PREVENT CHILD ABUSE AMERICA

GRANTEE ADDRESS: 228 SOUTH WABASH AVENUE 10TH FLOOR CHICAGO, IL 60604

AMOUNT GIVEN: 9,065.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
NATIONAL DUES	25,255.
PARLOR FEE - HOUSING FUND	35,750.
GREEK BILL	2,940.
INSURANCE	4,005.
MEMBER EVENTS, RECRUITMENT, AND MEMBER EXPENSES	38,176.
MEETINGS AND CONVENTIONS	1,439.
MISC. EXPENSES	1,813.
BANK CHARGES	13.
PARENT DAY EXPENSE	5,892.
T-SHIRT EXPENSES	11,735.
PHILANTHROPIC EXPENSES	779.
TOTAL TO FORM 990-EZ, LINE 16	127,797.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE ROOM, BOARD,
AND FELLOWSHIP TO MEMBERS OF THE SORORITY

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

SIGMA DELTA TAU SOCIETY BETA TAU

Employer identification number

22-2419112

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.



1/10/2022

Internal Revenue Service
OGDEN, UT 84201-0027

Re:
Sigma Delta Tau Society Beta Tau
EIN: 22-2419112
2018 Form 990 for tax year ending 7/31/2019

Request for first-time penalty abatement

To Whom It May Concern:

We respectfully request that any failure-to-file penalty be abated based on the IRS's First Time Abate administrative waiver procedures, as discussed in IRM 20.1.1.3.6.1, *First Time Abate (FTA)*.

Taxpayer meets first-time penalty abatement criteria

According to IRM 20.1.1.3.6, the IRS's Reasonable Cause Assistant provides an option for penalty relief for failure-to-file penalties if the taxpayer meets certain criteria. The taxpayer meets all of the first-time penalty abatement criteria as stated below:

- **Filing compliance:** Must have filed (or filed a valid extension for) all required returns and can't have an outstanding request for a return from the IRS.
- **Payment compliance:** Must have paid or arranged to pay all tax due (can be in an installment agreement as long as the payments are current).
- **Clean penalty history:** Has no prior penalties (except an estimated tax penalty) for the preceding three years.

We understand that this type of penalty abatement is a onetime consideration.

If you have any questions, please call me at (859) 331-3300. Thank you for your consideration.

Sincerely,
VonLehman & Company, Inc.

Bryan Pautsch CPA, J.D.
Principal

