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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning <u>7/01/08</u> , and ending <u>6/30/09</u>														
B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td rowspan="4">Please use IRS label or print or type. See Specific Instructions.</td> <td colspan="2">C Name of organization DELTA KAPPA GAMMA SOCIETY NEBRASKA STATE ORGANIZATION</td> <td>D Employer identification number 47-6026838</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 2654 43RD AVE</td> <td>E Telephone number 402-563-1090</td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 COLUMBUS NE 68601-8562</td> <td>F Group Exemption Number 1741</td> </tr> <tr> <td colspan="3"></td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization DELTA KAPPA GAMMA SOCIETY NEBRASKA STATE ORGANIZATION		D Employer identification number 47-6026838	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 2654 43RD AVE		E Telephone number 402-563-1090	City or town, state or country, and ZIP + 4 COLUMBUS NE 68601-8562		F Group Exemption Number 1741			
Please use IRS label or print or type. See Specific Instructions.	C Name of organization DELTA KAPPA GAMMA SOCIETY NEBRASKA STATE ORGANIZATION		D Employer identification number 47-6026838											
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	City or town, state or country, and ZIP + 4 COLUMBUS NE 68601-8562		F Group Exemption Number 1741											

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ <u>N/A</u>	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (<u>6</u>) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.	

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **78,784**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	20
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	61,796
	4	Investment income	4	7,781
	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) (attach sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	b	Less direct expenses other than fundraising expenses	6b	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	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 ▶ SEE STATEMENT 2)	8	9,187
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	78,784
	Expenses	10	Grants and similar amounts paid (attach schedule)	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	3,560
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 ▶ SEE STATEMENT 4)	16	70,830
17		Total expenses. Add lines 10 through 16	17	83,440
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,656
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	186,385
20		Other changes in net assets or fund balances (attach explanation)	20	
21		Net assets or fund balances at end of year. Combine lines 18 through 20	21	181,729

Part II: Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	186,580	181,887
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	186,580	181,887
26 Total liabilities (describe ▶ SEE STATEMENT 5)	195	158
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	186,385	181,729

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008)

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

SEE STATEMENT 6

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28

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

28a

29

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

29a

30

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

30a

31 Other program services (attach schedule) **SEE STATEMENT 7**

(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)

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a 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 unpaid at the start of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d 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	40e	X
41 List the states with which a copy of this return is filed. NONE		
42a The books are in care of CAROL MAHAR 2654 43RD AVE Located at COLUMBUS, NE	Telephone no 402-563-1090 ZIP + 4 68601-8562	
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)?	42b	X
If "Yes," enter the name of the foreign country		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S?	42c	X
If "Yes," enter the name of the foreign country		
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	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization operating 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(s) a section 527 organization?	49b	

50 Complete this table for the 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000 ▶		

Sign Here	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.			
	Signature of officer <i>Carol Mahan</i> CAROL MAHAN Type or print name and title	Date 12/19/2009 TREASURER		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's Identifying Number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4 PEKYN & ASSOCIATES, CPAS, PC 2458-18TH AVENUE COLUMBUS, NE 68601	12/18/09	<input type="checkbox"/>	P00969044
				EIN ▶ 47-0826777 Phone no ▶ 402-564-7138
May the IRS discuss this return with the preparer shown above? See instructions ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
INT'L MEMBERSHIP DUES & SCHOL	\$ 46,395
STATE MEMBERSHIP DUES	15,401
TOTAL	<u>\$ 61,796</u>

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

<u>Description</u>	<u>Amount</u>
CONVENTION	\$ 7,951
MISCELLANEOUS INCOME	1,236
TOTAL	<u>\$ 9,187</u>

Federal Statements

Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
EXPENSES	\$
CONVENTION EXPENSE	4,177
INTERNATIONAL CONVENTION	1,951
INTERNATIONAL DUES, SCHOL	46,311
PUBLICATIONS	2,882
RHO STATE ACHIEVEMENT AWA	100
RHO PROJECT	50
WORLD FELLOWSHIP	84
MISCELLANEOUS EXPENSE	62
LODGING	2,336
MEALS	3,051
MILEAGE	6,878
REGISTRATION	1,350
INSURANCE	330
OTHER EXPENSE	434
BANK CHARGES	124
POSTAGE, PRINTING & SUPPL	710
TOTAL	\$ <u>70,830</u>

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
CREDIT OWED TO OTHER CHAPTERS	\$ <u>195</u>	\$ <u>158</u>
TOTAL	\$ <u>195</u>	\$ <u>158</u>

Federal Statements**Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**Description

THE PURPOSE OF DELTA KAPPA GAMMA IS TO UNITE WOMEN EDUCATORS AND ENDOW SCHOLARSHIP TO AID OUTSTANDING WOMEN EDUCATORS IN PURSUING FURTHER EDUCATION AND GRADUATION DEGREES.

Statement 7 - Form 990-EZ, Part III, Line 31 - Statement of Program Service AccomplishmentsDescription

THE PURPOSE OF DELTA KAPPA GAMMA IS TO UNITE WOMEN EDUCATORS AND ENDOW SCHOLARSHIPS TO AID OUTSTANDING WOMEN EDUCATORS IN PURSUING FURTHER EDUCATION AND GRADUATE DEGREES.

Federal Statements**Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose****Description**

THE PURPOSE OF DELTA KAPPA GAMMA IS TO UNITE WOMEN EDUCATORS AND ENDOW SCHOLARSHIP TO AID OUTSTANDING WOMEN EDUCATORS IN PURSUING FURTHER EDUCATION AND GRADUATION DEGREES.

Statement 7 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments**Description**

THE PURPOSE OF DELTA KAPPA GAMMA IS TO UNITE WOMEN EDUCATORS AND ENDOW SCHOLARSHIPS TO AID OUTSTANDING WOMEN EDUCATORS IN PURSUING FURTHER EDUCATION AND GRADUATE DEGREES.

The purpose of Delta Kappa Gamma is to unite women educators and endow scholarships to aid outstanding women educators in pursuing further education and graduate degrees.

Scholarships Given:

Erin DeHart \$1,100.00

1102 East Avenue
York, NE 68767

Erin did the Nebraska Writing Project at University of Nebraska at Lincoln.

Sheryl Wingert \$2,000.00

111 No. Parson Avenue
Oakland, Ne 68065

Sheryl is working on her Masters Degree in 7-12 counseling at Chadron State College.

Beth Stenzel \$1,500.00

5013 Spencer Street
Omaha, NE 68104-3564

Beth is working on an endorsement in Administration and Supervision at the University of Nebraska at Omaha.

Lisa Fricke \$2,000.00

74956 Road 433
Lexington, NE 68850

Lisa is working on a Masters Degree in Curriculum and Instruction with an emphasis in ESL.

Deb Levitov \$1,000.00

3520 So. 35th Street
Lincoln, NE 68506

Deb is finishing her Doctoral Program at the University of Missouri at Columbia

Jessica Wyrill \$750.00

418 S. 38th Avenue Apt. #17
Omaha, NE 68131

Jessica is working on her Masters Degree in Education at University of Nebraska at Omaha.

Evelyn K. Bruegger \$350.00

925 20th Street
Columbus, NE 68601

Evelyn received a stipend for an Elderhostel Award.

Delta Kappa Gamma Society
Form 990 EZ Part III

47-6026838

Joie Taylor

\$350.00

2301 31st Street

Columbus, NE 68601

Joie received a stipend for an Elderhostel Award

Total Scholarships

\$9,050.00

Delta Kappa Gamma Society
Form 990 EZ Part IV

47-6026838

LIST OF OFFICERS

Name and Address	Title	Time Devoted to Position	Compensation
Carol Mahar 2654 43 rd Avenue Columbus, NE 68601	Treasurer	15 hours/week	\$2560
Kay Berg 4615 63 rd Street Columbus, NE 68601	Editor	20 hours quarterly	\$500
Sheryl McGlamery 803 Crest Drive Papillion, NE 68046	Webmaster	20 hours quarterly	\$500
Roxie Lindquist P.O. Box 161 Bassett, NE 68714	President	3 hours/week	-0-
Pat Monson 1208 Meadow Drive Norfolk, Ne 68701	1 st Vice President	2 hours/week	-0-
Jeanette Althouse 31871 Road T Saronville, NE 68975	2 nd Vice President	1 hour/week	-0-
Judy Polly 73453 Ave 348 Wauneta, NE 69045-7107	Recording Secretary	1 hour/week	-0-
Shirley Schall 10421 N 1 st Avenue Kearney, NE 68847	Corresponding Secretary	1 hour/week	-0-

\$ 3560

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization DELTA KAPPA GAMMA SOCIETY NEBRASKA STATE ORGANIZATION	Employer identification number 47-6026838
	Number, street, and room or suite no. If a P.O. box, see instructions 2654 43RD AVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions COLUMBUS NE 68601-8562	

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **TREASURER**

Telephone No ► **402-563-1090**

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **1741**. If this is for the whole group, check this box ☒. If it is for part of the group, check this box ☐ and attach

a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **2/16/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☐ calendar year or
- ☒ tax year beginning **7/01/08**, and ending **6/30/09**

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)