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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)

OMB No 1545-1150

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

- 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 \$500,000 and total assets less than \$1,250,000 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.

A For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C** Name of organization**DELTA KAPPA GAMMA SOCIETY
NEBRASKA STATE ORGANIZATION**

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

2654 43RD AVE

Room/suite

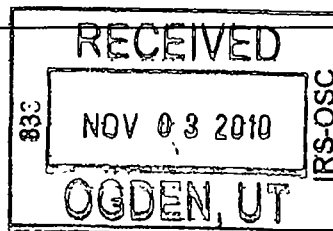
City or town, state or country, and ZIP + 4

COLUMBUS**NE 68601-8562****D** Employer identification number**47-6026838****E** Telephone number**402-563-1090****F** Group ExemptionNumber **▶ 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: **▶ http://members.cox.net/deltakappagamma****J** Tax-exempt status (check only one) — ☒ 501(c) (**6**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 81,324****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 | |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | 57,883 |
| | 4 | Investment income | 4 | 6,514 |
| | 5a | Gross amount from sale of assets other than inventory | 5a | 5,119 |
| | b | Less cost or other basis and sales expenses | 5b | 5,000 |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | 119 |
| | 6 | Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/> | | See Stmt 2 |
| | 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 3) | 8 | 11,808 | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | 76,324 | |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) | 10 | 6,125 |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | 3,060 |
| | 13 | Professional fees and other payments to independent contractors | 13 | 395 |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 | Printing, publications, postage, and shipping | 15 | |
| | 16 | Other expenses (describe ▶ See Statement 4) | 16 | 71,792 |
| | 17 | Total expenses. Add lines 10 through 16 | 17 | 81,372 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -5,048 |
| | 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 | 181,728 |
| | 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 | 176,680 |

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 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 | 181,886 | 175,817 |
| 23 Land and buildings | | |
| 24 Other assets (describe ▶ See Statement 5) | | 1,021 |
| 25 Total assets | 181,886 | 176,838 |
| 26 Total liabilities (describe ▶ See Statement 6) | 158 | 158 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 181,728 | 176,680 |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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DAA

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Part III **Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose?

See Statement 7

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.

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

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 8

(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]

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DELTA KAPPA GAMMA SOCIETY

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

| | 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? If "Yes," attached 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 why the organization did not report the income on Form 990-T | | |
| a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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 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 | | 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? | | 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 outstanding at the end of the period covered by this return? | | 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 40a , section 4912 40a , section 4955 40a | | |
| b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 40b | | |
| c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c | | |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d | | |
| 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 41 None | | |
| 42a The organization's books are in care of 42a CAROL MAHAR Telephone no. 42a 402-563-1090 2654 43RD AVE Located at 42a COLUMBUS, NE ZIP + 4 42a 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 If "Yes," enter the name of the foreign country 42b See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | X |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c If "Yes," enter the name of the foreign country 42c | | X |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43 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 |

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Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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 | | |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | |
| b If "Yes," was the related organization a section 527 organization? | | |

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."

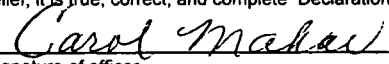
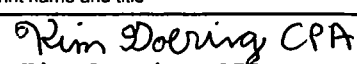
| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

d 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 CAROL MAHAR Type or print name and title | | Date 10/27/2010 TREASURER | |
| Paid Preparer's Use Only | Preparer's signature |  Kim Goering CPA | Date | 10/20/10 |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 | Kim Goering CPA 24266 370 St Platte Center, NE 68653-5082 | | Check if self-employed <input checked="" type="checkbox"/> X Preparer's Identifying Number (See instr.) P00969044 EIN ▶ Phone no 402-246-5425 |

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

☒ **X** Yes ☐ No

Form 990-EZ (2009)

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

| <u>Description</u> | <u>Amount</u> |
|-------------------------------|------------------|
| INT'L MEMBERSHIP DUES & SCHOL | \$ 43,315 |
| STATE MEMBERSHIP DUES | 14,568 |
| Total | <u>\$ 57,883</u> |

Federal Statements

47-6026838

FYE: 6/30/2010

Statement 2 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

| Description | | How Received | Whom Sold | Date Acquired | Date Sold | Sale Price | Cost & Expense | Depreciation | Gain / Loss |
|----------------|--|-----------------|--------------|------------------|--------------|---------------|-------------------|--------------|----------------|
| CAPTIAL ONE CD | | | | 4/14/08 | 8/13/09 | \$ 5,119 | \$ 5,000 | \$ | 119 |
| Purchase | | | | | | \$ 5,119 | \$ 5,000 | 0 | 119 |
| Total | | | | | | | | | |

Federal Statements**Statement 3 - Form 990-EZ, Part I, Line 8 - Other Revenue**

| <u>Description</u> | <u>Amount</u> |
|----------------------|------------------|
| Convention | \$ 11,408 |
| Miscellaneous Income | 400 |
| Total | <u>\$ 11,808</u> |

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

| <u>Description</u> | <u>Amount</u> |
|---------------------------|------------------|
| Expenses | \$ |
| BANK CHARGES | 122 |
| CONVENTION EXPENSE | 6,544 |
| DEPRECIATION | 6 |
| GIFT | 25 |
| INSURANCE | 349 |
| INT'L SCHOLARSHIP FUND | 4 |
| INTERNATIONAL DUES, SCHOL | 43,275 |
| LODGING | 4,010 |
| MEALS | 2,641 |
| MILEAGE | 5,436 |
| OTHER EXPENSE | 3 |
| POSTAGE, PRINTING & SUPPL | 381 |
| PUBLICATIONS | 2,747 |
| REGIONAL CONFERENCE | 3,474 |
| REGISTRATION | 2,125 |
| RHO STATE PROJECT | 400 |
| SEMINAR | 250 |
| Total | <u>\$ 71,792</u> |

Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

| <u>Description</u> | <u>Beginning of Year</u> | <u>End of Year</u> |
|-------------------------------|------------------------------|------------------------|
| PIANO KEYBOARD | \$ | \$ 1,027 |
| Less Accumulated Depreciation | | 6 |
| | | <u>1,021</u> |

Statement 6 - 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 | \$ 158 | \$ 158 |
| | <u>158</u> | <u>158</u> |

Statement 7 - Form 990-EZ, Part III - Organization's Primary Exempt PurposeDescription

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 8 - 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.

LIST OF OFFICERS

DELTA KAPPA GAMMA SOCIETY

47-6026838

STATEMENT 8 FORM 990EZ PART III

| 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 | 2 hours quarterly | -0- |
| Pat Monson 1208 Meadow Drive Norfolk, NE 68701 | President | 3 hours/week | -0- |
| Jodean Bridges 1801 Gaeth Avenue Fremont, NE 68025 | 1 st Vice-President | 2 hours/week | -0- |
| Shirley Schall 10421 N 1 st Avenue Kearney, NE 68847 | 2 nd Vice-President | 1 hour/week | -0- |
| Jeanette Althouse 31871 Road T Saronville, NE 68975 | Recording Secretary | 1 hour/week | -0- |
| De Smith 4051 Paxton Drive Lincoln, NE 68521 | Corresponding Secretary | 1 hour/week | -0- |
| TOTAL COMPENSATION | | | \$3,060 |

DELTA KAPPA GAMMA SOCIETY FORM 990EZ PART IV 47-6026838

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:

Jennifer Fundus \$1,125.00

**13506 S. 22nd Street
Bellevue, NE 68123**

Jennifer is working toward a Doctorate of Administration and Supervision at the University of Nebraska at Omaha. (Dated September 9, 2009)

Carol Ryan \$625.00

**2504 W. 19th
Sioux City, IA 51103**

Carol is working toward an endorsement in Special Education, 7-12, at Morningside College. (Dated September 9, 2009)

Greta Rohrberg \$1500.00

**6102 Florence Blvd.
Omaha, NE 68110**

Greta finished her endorsement in ESL and curriculum development at Wayne State College. (Dated December 22, 2009)

Carol Ryan \$625.00

**2504 W. 19th Street
Sioux City, IA 51103**

Carol completed her Special Education endorsement at Morningside College. (Dated January 28, 2010)

Erin DeHart \$750.00

**1102 East Avenue
York, NE 68467**

Erin attended a Holocaust and Jewish Resistance Teacher's Program in New York City. (Dated May 24, 2010)

Yvonne Lease \$1500.00

**2068 Road 3
Bridgeport NE 69336**

Yvonne received her Master's Degree in Reading at the University of Nebraska at Kearney in December of 2009. (Dated June 29, 2010)

Total amount of awarded scholarships for 2009-2010 \$ 6,125.00