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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$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

2010**Open to Public****Inspection**Department of the Treasury
Internal Revenue Service**A** For the 2010 calendar year, or tax year beginning **07/01/10**, and ending **06/30/11****B** Check if applicable☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending**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****G** Accounting Method ☒ Cash ☐ Accrual Other (specify) **►****I** Website **► http://members.cox.net/deltakappagamma****H** Check ☒ if the organization is not required to attach Schedule B**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (**6**) (insert no) ☐ 4947(a)(1) or ☐ 527

(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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**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,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

► \$ 74,796**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 ☒

| | | | | |
|------------|------------|--|--|---------|
| Expenses | 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 | 53,395 |
| | 4 | Investment income | 4 | 6,436 |
| | 5a | Gross amount from sale of assets other than inventory | 5a | 1,027 |
| | 5b | Less cost or other basis and sales expenses | 5b | 1,253 |
| | 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | -226 |
| | 6a | Gaming and fundraising events | 6a | |
| | 6b | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6b | |
| | 6c | 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) | 6c | |
| | 6d | Less direct expenses from gaming and fundraising events | 6d | |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | |
| | 7b | Less cost of goods sold | 7b | |
| | 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | |
| | 8 | Other revenue (describe in Schedule O) | 8 | 13,938 |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 73,543 |
| | Net Assets | 10 | Grants and similar amounts paid (list in Schedule O) | 10 |
| 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 in Schedule O) | 16 | 67,045 |
| 17 | | Total expenses. Add lines 10 through 16 | 17 | 72,500 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 1,043 |
| | 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 | 176,680 |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | -39,885 |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 137,838 |

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

| | Yes | No |
|--|-------------|----|
| 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | | X |
| 34 Were any significant changes made to the organizing or governing documents? If "Yes," attached 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) | | 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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)? | | |
| 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 instructions | 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 outstanding at the end of the tax year 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 | 39a | |
| 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 501(c)(4) 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 | 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 | | |
| d Section 501(c)(3) and 501(c)(4) 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 | 40e | X |
| 41 List the states with which a copy of this return is filed | None | |
| 42a The organization's books are in care of | CAROL MAHAR | |
| 2654 43RD AVE | | |
| Located at | COLUMBUS | NE |
| 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)? | Yes | No |
| If "Yes," enter the name of the foreign country | 42b | X |
| 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 | |
| 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | X |
| 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 | 44b | X |
| c Did the organization receive any payments for indoor tanning services during the year? | 44c | X |
| 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 | 44d | |

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a 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)
- 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

| | Yes | No |
|-----|-----|----|
| 45 | | X |
| 45a | | X |
| 46 | | X |

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 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? If "Yes," complete Schedule C, Part II
- 48 Is the organization 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"

| | Yes | No |
|-----|-----|----|
| 47 | | |
| 48 | | |
| 49a | | |
| 49b | | |

| (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 ▶

- 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 ▶ ☐ 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 | <i>Carol Mahar</i> Signature of officer | <i>10/10/2011</i> Date | | |
| | CAROL MAHAR Type or print name and title | TREASURER | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed PTIN |
| | JACK PEKNY, CPA | <i>Jack Pekny, CPA</i> | 10/10/11 | P00167077 |
| | Firm's name ▶ Pekny & Associates, CPAs, PC | Firm's EIN ▶ 47-0826777 | | |
| | Firm's address ▶ 2458-18th Avenue Columbus, NE 68601 | Phone no 402-564-7138 | | |

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization **DELTA KAPPA GAMMA SOCIETY**
NEBRASKA STATE ORGANIZATION

Employer identification number
47-6026838

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

| Description | Amount |
|----------------------|------------------|
| Convention | \$ 13,520 |
| Miscellaneous Income | \$ 418 |
| Total | \$ 13,938 |

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

| Description | Amount |
|---------------------------|------------------|
| Expenses | |
| BANK CHARGES | \$ 147 |
| CONVENTION EXPENSE | \$ 5,992 |
| INT'L CONVENTION | \$ 2,450 |
| DEPRECIATION | \$ 147 |
| INSURANCE | \$ 342 |
| AWARDS | \$ 100 |
| INTERNATIONAL DUES, SCHOL | \$ 40,493 |
| LODGING | \$ 3,418 |
| MEALS | \$ 3,096 |
| MILEAGE | \$ 4,895 |
| OTHER EXPENSE | \$ 155 |
| POSTAGE, PRINTING & SUPPL | \$ 512 |
| PUBLICATIONS | \$ 2,900 |
| PROJECT CONTRIBUTIONS | \$ 378 |
| REGISTRATION | \$ 2,020 |
| Total | \$ 67,045 |

Name of the organization

DELTA KAPPA GAMMA SOCIETY

Employer identification number

47-6026838

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

| Description | Amount |
|--|------------|
| TO RECORD COST BASIS OF INVESTMENTS INSTEAD OF | \$ -39,885 |
| MARKET VALUE | \$ 0 |

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

| Description | Beg. of Year | End of Year |
|-------------------------------|--------------|-------------|
| PIANO KEYBOARD | \$ 1,027 | \$ 1,027 |
| Less Accumulated Depreciation | \$ 6 | \$ 153 |
| Total | \$ 1,021 | \$ 874 |

Form 990-EZ, Part II, Line 26 - Other Liabilities

| Description | Beg. of Year | End of Year |
|-------------------------------|--------------|-------------|
| CREDIT OWED TO OTHER CHAPTERS | \$ 158 | \$ 55 |

Form 990-EZ, Part III - Primary Exempt Purpose

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.

Form 990-EZ, Part III, Line 31 - All Other Achievements

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.

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

| <u>Description</u> | <u>Amount</u> |
|-------------------------------|------------------|
| INT'L MEMBERSHIP DUES & SCHOL | \$ 40,493 |
| STATE MEMBERSHIP DUES | 12,902 |
| Total | <u>\$ 53,395</u> |

Federal Statements

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

| Description | | How Received | Whom Sold | Date Acquired | Date Sold | Sale Price | Cost & Expense | Depreciation | Gain / Loss |
|---------------------------|--|-----------------|--------------|------------------|--------------|---------------|-------------------|--------------|----------------|
| INCOME FUND OF AM. SHARES | | Purchase | | Various | 7/01/10 | \$ 1,027 | \$ 1,253 | \$ | \$ -226 |
| Total | | | | | | \$ 1,027 | \$ 1,253 | \$ 0 | \$ -226 |

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 | 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- |

DELTA KAPPA GAMMA SOCIETY
FORM 990 EZ, PAGE 1, LINE 10

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:

Lynna Gene Cook

\$800.00

4620 Elk Ridge Circle
Lincoln, NE 68516-5153

Lynna Gene took the Registered Parliamentarian Examination in August and has passed the exam and is now a Registered Parliamentarian (Dated November 1, 2010)

Phyllis McGrane

\$600.00

1108 Bel Aire Road
North Platte, NE 69101

Phyllis applied and was granted the Bonnie Gelling Road Scholar Award for the Elderhostel (Dated April 30, 2011)

Kathryn Lowe

\$600.00

2309 Alpha Street
North Platte, NE 69101

Kathryn applied and was granted the Bonnie Gelling Road Scholar Award for the Elderhostel (Dated April 30, 2011)

Total amount of awarded scholarships for 2010-2011

\$ 2,000.00