Department of the Treasury Internal Revenue Service

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.

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

2022 Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	For the	e 2022 calendar year, or tax year beginnin $97/01/22$ , and ending $06/3$	0/2			
В	Check if a			I	D Employe	r identification number
	Address of	change Ohio State Organization				
	Name cha	noge Doing business as				772598
Ħ	Initial retu	Number and street (or P.O. box if mail is not delivered to street address)			E Telephon	number 507-3212
님	Final retur	···			<u> </u>	307-321Z
Ш	terminated	Cincinnati OH 45249			• Cross ros	eipts\$ 65,178
	Amended			,	<b>G</b> Gross rec	eipis
	Application	· ·		H(a) Is this a grou	up return for	subordinates Yes X No
ш		309 North Bingham Street		H(b) Are all subo	ordinates inc	luded? Yes No
		Oak Hill OH 45656		1 '''		See instructions
_	Toy over	npt status: 501(c)(3) <b>X</b> 501(c) ( <b>6</b> ) (insert no.) 4947(a)(1) or 527		1		
÷	Website:			H(a) Group avam	ntion numb	or
<u>-</u>		organization: Corporation Trust X Association Other	I. v	H(c) Group exeme ear of formation: 19		M State of legal domicile: OH
	Part I	Summary	L 10	eai oi ioimation. 💶 🧷	/50	M State of legal dofflicite. OII
•		Priofly describe the ergenization's mission or most significant activities				
ė	' -	To promote the purpose of the Delta Kappa Gamma S	ocie	etv Intern	nation	al and
auc		provide leadership training to women educators.		19.4		
ern		.F				
Governance	2 6	Check this box if the organization discontinued its operations or disposed of more t	 han 2	 5% of its net as	sets	
ن «ق	1				ا ہا	8
		Number of independent voting members of the governing body (Part VI, line 1b)				8
ìŧie	5 7	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5	1
Activities		Total number of valuatoes (actimate if necessary)				55
⋖	1				·	0
		otal unrelated business revenue from Part VIII, column (C), line 12				0
	<del>  •</del>	tot amound business taxable moone nome on the state of th	L	Prior Year		Current Year
a	8 (	Contributions and grants (Part VIII, line 1h)	[	37	,858	34,757
Š	9 F	Program service revenue (Part VIII, line 2g)		5	,077	21,601
Revenue	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2	,709	4,160
œ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1	,478	4,660
	12 T	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		47	,122	65,178
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	L			5,650
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)	L			0
es	15 9	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\dots$	L	7	,931	8,360
xpenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	L			0
×	b⊺	otal fundraising expenses (Part IX, column (D), line 25)	📙			
Ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			,888	61,123
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	L		,819	75,133
<del></del>		Revenue less expenses. Subtract line 18 from line 12			,303	<u>-9,955</u>
ls or			-	Beginning of Curre		End of Year
Net Assets or	20 T	Total assets (Part X, line 16)		228	,733 /110	217,395
let /	21 1	Total liabilities (Part X, line 26)		220	410	217 205
	•	Net assets or fund balances. Subtract line 21 from line 20		220	,323	217,395
	Part II	Signature Block				
		nalties of perjury, I declare that I have examined this return, including accompanying schedules ect, and complete. Declaration of preparer (other than officer) is based on all information of which				r my knowledge and belief, it
_		., ,			1	
Sig	nn	Signature of officer			Date	
He	_	Diana Haskell Treasur	27			
110		Type or print name and title	=			
_		Print/Type preparer's name Preparer's signature		Date	Check	if PTIN
Pai	id	Mary Lou Kurtz Mary Lou Kurtz			23 self-em	<b>□</b> "
	parer	Andrews West- Discount Courts	g T		-	F.0,00   1020103/3
	e Only	8551 Wyoming Club Dr	<u>.</u>	C   Fill	m's EIN	
		Firm's address Cincinnati, OH 45215		Dh	one no.	513-914-4718
Ma	v the IR	RS discuss this return with the preparer shown above? See instructions				X Yes No
		/ork Reduction Act Notice, see the separate instructions.				Form <b>990</b> (2022)
DAA		The second secon				101111 000 (2022)

Part III Sta	Delta Kappa Ga	amma Society	34-0772598	Page <b>2</b>
		Service Accomplishmentains a response or note	ents e to any line in this Part III	
1 Briefly describ	be the organization's mission	on:		
			Kappa Gamma Societ n educators.	ry International and
prior Form 99			the year which were not listed on the	
3 Did the organ services?	nization cease conducting, c	or make significant changes in	how it conducts, any program	Yes X No
4 Describe the		vice accomplishments for eacl	n of its three largest program services to report the amount of grants and all	
the total expe	enses, and revenue, if any,	for each program service repo	orted.	
The Orga Internat	anization prom cional, acts a	otes the purpos liason between ovides leadersh	ants of\$ )( se of the Delta Kar n its members and i ip training.	ppa Gamma Society the international
• • • • • • • • • • • • • • • • • • • •				
				Revenue \$)
N/A				
• • • • • • • • • • • • • • • • • • • •				
			ants of\$ ) (	
4c (Code:				
4c (Code: N/A	) (Expenses \$  m services (Describe on Sc	including gr		

DAA Form **990** (2022)

Form 990 (2022) Delta Kappa Gamma Society 34-0772598

Part IV Checklist of Required Schedules

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
4	candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		<u> </u>
7	all attention in affect there we are 0.16 IIVan II annual to Ochanica O. Bort II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			v
10	debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		X
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	l		3.5
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	148		
-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	,_		37
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		х
20a	If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
				_

Form 990 (2022) Delta Kappa Gamma Society

Part IV Checklist of Required Schedules (continued)

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Г	tit iv Checklist of Required Schedules (Continued)			
00	Did the approinting are at a second for 000 of greate an other positions to an few descentic individuals are		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
d	to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<del></del>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization 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	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	21		
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	20		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
-	complete Schedule N. Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			1
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		$\vdash$
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
4	Enter the number reported in hex 2 of Form 1000. Finter 0, if not applicable		Yes	No
1a h	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b 0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	X	
DAA				(2022)

Form	990 (2022) Delta Kappa Gamma Society 34-0772	<u>598</u>			Pa	age 5
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (co.	ntinue	ed)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax	returns	?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Sche	dule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or or		-			
	a financial account in a foreign country (such as a bank account, securities account, or other fina	ncial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financian		counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra	nsactio	on?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and or	lid the				٠,
	organization solicit any contributions that were not tax deductible as charitable contributions?			_6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contri	butions	or	۵.		
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	<b>.</b>				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	tor go	oas			
L				7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which			7b		
С	required to file Form 02002	ii was		70		
٨	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c		
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene		tract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		• • • • • • • • • • • • • • • • • • • •	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the engaging against a specific make any tayable distributions under castion 40002			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a		_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а				13a		
_	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	ایما				
	the organization is licensed to issue qualified health plans	13b		_		
	Enter the amount of reserves on hand	13c		445		v
			 O	14a 14b		X
ъ 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sch Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in ren			140		
ıJ				15		х
	excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.			13		A
16	Is the organization an educational institution subject to the section 4968 excise tax on net investi	ment in	icome?	16		х
. •	If "Yes," complete Form 4720, Schedule O.	HEHR II		10		
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any	activiti	es			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Forn	n 990 (2022) Delta Kappa Gamma Society 34-0772598			P	age <b>6</b>
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b	below, a	nd fo	or a "	No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Sch			instr	uctions
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>			_X_
Sec	tion A. Governing Body and Management				
		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year				
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?		2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, trustees, or key employees to a management company or other person?		3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X X X
6	Did the organization have members or stockholders?		6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	one or more members of the governing body?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	stockholders, or persons other than the governing body?		7b	<u> </u>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by t				
а	The governing body?		8a	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				7.7
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9	1- \	<u>X</u>
<u> </u>	etion B. Policies (This Section B requests information about policies not required by the Internal	Revenue	<u>е С</u>		
40.		Г	40.		No
	Did the organization have local chapters, branches, or affiliates?	·····	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			7.7	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the fo	orm?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		40.	37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to co	onflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		40-	v	
40	describe on Schedule O how this was done	· · · · · · · · · · · · · · · · · · ·	12c	X	
13	Did the organization have a written whistleblower policy?	·····	13	v	_X_
14 45	Did the organization have a written document retention and destruction policy?		14	<u> </u>	
15	Did the process for determining compensation of the following persons include a review and approval by				
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		150	v	
a b	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization		15a 15b	<u> </u>	
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		130		Λ
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
IVa	with a tayable entity during the year?		16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		IUa		22
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?		16b		
Sec	etion C. Disclosure		100		
<u> </u>	List the states with which a copy of this Form 000 is required to be filed None				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	olicv.			
	and financial statements available to the public during the tax year.	,			
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	iana Haskell 8726 Redcloud Court				
	inginati	E12_	60'	7_つ	212

Form **990** (2022)

				DKGOHIO 11/09/2023 1:00 PI	vi — — - — - — - —	
Form 990 (2	022) <b>Delta Ka</b> j	opa Gamm	a Society	34-077	2598	Page <b>7</b>
Part VII	•	•	Directors, Trustees,	Key Employees, H	lighest Compensate	ed Employees, and
	Independent Co					
	Check if Schedule	<u>e O contains</u>	a response or note	to any line in this Pa	<u>ırt VII</u>	<u></u>
Section A.	Officers, Directors,	Trustees, Key	Employees, and Highes	st Compensated Employ	rees .	
<b>1a</b> Complete organization'		ons required to I	pe listed. Report compens	sation for the calendar yea	ar ending with or within th	ie
			directors, trustees (whether) if no compensation wa	ner individuals or organiza s paid.	ations), regardless of amo	ount of
<ul><li>List all</li></ul>	of the organization's c	urrent key emp	oloyees, if any. See instru	ctions for definition of "ke	y employee."	
who received		tion (box 5 of F	orm W-2, box 6 of Form	other than an officer, dire 1099-MISC, and/or box 1		
			key employees, and highe ganization and any relate	est compensated employed organizations.	ees who received more th	nan
organization,		f reportable con	npensation from the organ	ed, in the capacity as a for nization and any related of		the
Check th	is box if neither the or	ganization nor a	any related organization o	ompensated any current	officer, director, or trustee	<del>)</del> .
1	(A) Name and title	(B) Average hours	(C) Position (do not check more than one box, unless person is both an officer and a director/frustee)	(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other

(A) Name and title	(B) Average hours per week	box	, unle	ss pe	ition more rson i	than o is both or/trust	an ee)	(D)  Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Debby Canter	10.00									
President	10.00			х				0	0	0
(2) Melodie McGee										
	5.00									
1st Vice-President (3) Diana Haskell	0.00			Х				0	0	0
(3) Diana naskeli	30.00									
Treasurer	0.00			х				6,000	0	0
(4) Michele Maniska	s									
	5.00									
2nd Vice-President	0.00			X				0	0	0
(5) Ann Todd	1.00									
Recording Secretary	0.00			х				0	0	0
(6) Cindy Lawyer										
	1.00									
Corresponding Secret				X				0	0	0
(7) Joyce Jones-Wei										
Parliamentarian	1.00			х				0	0	0
(8) Diana Kirkpatri				Λ				0	0	<u> </u>
(o) Diana itiinpatti	1.00									
Past President	0.00			Х				0	0	0
(9)										
(10)										
(11)						Н				

Page 8

	<b>(A)</b> Name and title	(B) Average hours	box	k, unle	Pos check ess pe	rson i	than of the state	n an	(D) Reportable compensation	(E) Reportable compensation		(F) timated a of othe	er	
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	org	compensa from th ganization ed orgar	ie n and	
									6.000					
1b c	Subtotal Total from continuation she	eets to Part VII							6,000					<u> </u>
d 	Total (add lines 1b and 1c) Total number of individuals (	including but no			to th	ose	liste	d at	6,000 bove) who received more	Lthan \$100,000 of				
3	reportable compensation from  Did the organization list any	former officer, of	direc	tor, t	trust	ee, l	key (	emp	oloyee, or highest compens	sated				No
4	employee on line 1a? If "Yes For any individual listed on li organization and related organization"	ne 1a, is the su anizations great	m of er th	f rep nan S	ortal \$150	ole c 0,000	omp )? <i>If</i>	ens "Yes	ation and other compensa s," complete Schedule J fo	ition from the or such		3		<u>х</u> х
5 Socti	individual  Did any person listed on line for services rendered to the ion B. Independent Contrac	1a receive or a organization? If	ccru	ie cc	mpe	ensa	tion	from	n any unrelated organizatio	on or individual		5		<u>X</u>
1	Complete this table for your compensation from the organ	five highest con	npen	sate	d in	depe	ende	nt c	ontractors that received m	ore than \$100,000 of	tay year			
		(A) d business address	COIII	рспс	Jano	11 10	1 1110	Car		(B) tion of services	tax year		(C) npensation	1
														—
2	Total number of independent	t contractors (inc	ludi	ng b	ut no	ot lir	nited	l to	those listed above) who					
DAA	received more than \$100,000	0 of compensati	on f	rom	the	orga	niza	tion	,	0		Form	<b>990</b> (2	2022)

Pa	rt V		ent of Revenue f Schedule O co	ntains	a resp	onse or no	te to any line in	this Part VIII		
				Train to	<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated cam	paigns les	1a 1b		34,757				
Ą,	С	Fundraising eve	ents	1c						
igigi jej			zations	1d						
Sim	е	Government grants (d	contributions)	1e						
흔	f	All other contributions,	, gifts, grants, not included above	1f						
ള	g	Noncash contributions		<u> </u>						
ig p				1g	•					
ਡੋ ਹ	h	Total. Add lines	s 1a–1f				34,757			
_	_					Business Code	01 601	01 601		
Vice	2a	Convention	/conference				21,601	21,601		
Program Service Revenue	b									
am Wer	4									
gg	u a									
ᆈ	f		m service revenue							
	q		s 2a–2f			_	21,601			
	3		me (including divide				-			
		other similar an	nounts)				4,160	4,160		
	4	Income from inv	vestment of tax-exen							
	5	Royalties								
			(i) Real		(ii)	Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
		Rental inc. or (loss)	6c							
		Net rental incon Gross amount from	<u> </u>							
		sales of assets	(i) Securitie	S	(11	) Other				
ø		other than inventory	7a		-					
Revenue	D	Less: cost or other basis and sales exps.	7b							
Š	_	Gain or (loss)	7c							
		` ′ '	s)							
Other			n fundraising events		<u> </u>					
		(not including \$	ŭ							
		of contributions rep	ported on line							
		1c). See Part IV, li	ine 18	8a						
	b	Less: direct exp	oenses	8b						
			(loss) from fundraisin	g ever	its					
	9a	Gross income fi								
			Part IV, line 19	9a						
		Less: direct exp		9b						
		Gross sales of i	(loss) from gaming a	Ctivities	;					
	IUa	returns and allo		10a						
	h	Less: cost of go		10a						
			loss) from sales of it		ν ν					
s			.555) 110111 04100 01 11		<i>j</i>	Business Code				
Miscellaneous Revenue	11a	Miscellane	ous				4,660	4,660		
ane Sur	b	*								
e Sel	С									
Mis	d		ie							
		Total. Add lines	s 11a–11d				4,660			
	12	Total revenue.	See instructions				65,178	30,421	0	0

Form 990 (2022) Delta Kappa Gamma Society

34-0772598

Page **10** 

#### Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 5,650 5,650 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... 4,500 6,000 1,500 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ..... Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits ..... 1,770 Payroll taxes ..... 2,360 590 Fees for services (nonemployees): a Management ..... **b** Legal 1,850 1,850 Accounting Professional fundraising services. See Part IV. line 17

е	Professional fundraising services. See Part IV, line 1	/			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	1,744	1,744		
14	Information technology	490	490		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expense	s			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	52,756	52,756		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	276		276	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Other program expense	2,047	2,047		
b	Contributions	1,890	1,890		
С	Bank charges	70		70	
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	75,133	70,847	4,286	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check her if				
	following SOP 98-2 (ASC 958-720)				
DAA					Form <b>990</b> (2022)

Pa	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X.			П
		check in concedure a contained a response of freed to diffy line in this rate X .	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	180,817	1	12,821
	2	Savings and temporary cash investments		2	-
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
ις.		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net		7	
¥ ∣		Inventories for sale or use		8	
		Prepaid expenses and deferred charges	2,861	9	1,385
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
		In contrary and a contral in the standard constraints	45,055	11	203,189
		Investments—publicly traded securities  Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
				14	
				15	
		Total assets. Add lines 1 through 15 (must equal line 33)		16	217,395
		Accounts payable and accrued expenses			
			• •	18	
	19		1 206		
	-	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
		Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
≝	23	Secured mortgages and notes payable to unrelated third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	
		Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25			0
		Organizations that follow FASB ASC 958, check here X	110	20	J
Fund Balances		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	And the second s	228,323	27	217,395
Ba		Not appete with donor restrictions		28	217,000
밀		Organizations that do not follow FASB ASC 958, check he	••		
교		and complete lines 29 through 33.			
ō	29	Conital state or twist principal or assessed funds		29	
ets	29 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
اذة		Retained earnings, endowment, accumulated income, or other funds		31	
185	41			וטו	
Ass	31 32	Total net assets or fund balances	222	32	217,395

Form **990** (2022)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI			
Check if Schedule O contains a response or note to any line in this Part XI			
			$\prod$
1 Total revenue (must equal Part VIII, column (A), line 12)	6	5,1	78
2 Total expenses (must equal Part IX, column (A), line 25)	7	5,1	_33
3 Revenue less expenses. Subtract line 2 from line 1	-	9,9	955
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  4	22	8,3	323
5 Net unrealized gains (losses) on investments 5		1	L77
6 Donated services and use of facilities 6			
7 Investment expenses 7	_	1,1	-50
8 Prior period adjustments 8			
9 Other changes in net assets or fund balances (explain on Schedule O) 9			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
32, column (B))	21	7,3	<u> 395</u>
Part XII Financial Statements and Reporting			_
Check if Schedule O contains a response or note to any line in this Part XII			Ш
		Yes	No
1 Accounting method used to prepare the Form 990: X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain on			
Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
reviewed on a separate basis, consolidated basis, or both:			
X Separate basis Consolidated basis Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b		X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
separate basis, consolidated basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		X
If the organization changed either its oversight process or selection process during the tax year, explain on			
Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		
	Form	990	(2022)

#### SCHEDULE C (Form 990)

### Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes." on Form 990. Part IV. line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ. Part V. line 35c (Proxy

	c organization answered Tes, on Form 550, Fart IV,	inic 5 (i loxy lax) (occ sep		13) 01 1 01111 330-22, 1	art v, mic 550 (110)				
•	(See separate instructions), then								
	Section 501(c)(4), (5), or (6) organizations: Complete Part								
Nam	e of organization Delta Kappa Gamma S	_			tification number				
	Ohio State Organiza			34-07725					
	rt I-A Complete if the organization is exe	-			zation.				
1	Provide a description of the organization's direct and ind	lirect political campaign activit	ies in Part IV. Se	ee instructions for					
	definition of "political campaign activities."								
2	Political campaign activity expenditures. See instructions	S		\$					
	Volunteer hours for political campaign activities. See ins	structions							
Pa	rt I-B Complete if the organization is exe								
1	· · · · · · · · · · · · · · · · · · ·	nization under section 4955		\$					
2	Enter the amount of any excise tax incurred by organiza	tion managers under section	4955	<b> \$</b>					
3	If the organization incurred a section 4955 tax, did it file	Form 4720 for this year?			Yes No				
4a	Was a correction made?				Yes No				
	If "Yes," describe in Part IV.								
Pa	rt I-C Complete if the organization is exe	mpt under section 50°	1(c), except s	section 501(c)(3).					
1	Enter the amount directly expended by the filing organization	ation for section 527 exempt	function						
	activities			\$					
2		buted to other organizations f	or section						
	527 exempt function activities			\$					
3	Total exempt function expenditures. Add lines 1 and 2. E	Enter here and on Form 1120	-POL,						
	line 17b			\$					
4	Did the filing organization file Form 1120-POL for this year?								
5	Enter the names, addresses and employer identification	number (EIN) of all section 5	27 political organ	izations to which the f	filing				
	organization made payments. For each organization liste	-							
	the amount of political contributions received that were p			-					
	as a separate segregated fund or a political action comm	nittee (PAC). If additional spa	ce is needed, pro	vide information in Pa	art IV.				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political				
				filing organization's	contributions received and promptly and directly				
				funds. If none, enter -0	delivered to a separate				
					political organization.				
					If none, enter -0				
1)									
2)									
(3)									
4)									
(5)									
(6)									
					I				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990 E-Z.

Schedule C (Form 990) 2022

Scl	chedule C (Form 990) 2022 Delt	ta Kappa Ga	mma Societ	У	34	-0772598	I	Page <b>2</b>
P	Part II-A Complete if the orga				nd filed	d Form 5768 (	election un	der
	<u>section 501(h)).</u>							
Α	Check if the filing organizat	-			each affi	liated group me	mber's name,	
	address, EIN, exper							
В	Check if the filing organizat			l" provisions ap	oply.			
	Limits on L	obbying Expend	itures			Filing	(b) Affiliated	
_	(The term "expenditures"		•		organiza	tion's totals	group totals	
1	1a Total lobbying expenditures to influence							
	<b>b</b> Total lobbying expenditures to influence							
	c Total lobbying expenditures (add lines	1a and 1b)						
	d Other exempt purpose expenditures							
	e Total exempt purpose expenditures (a							
	f Lobbying nontaxable amount. Enter th	e amount from the fol	lowing table in both					
	columns.							
	If the amount on line 1e, column (a) or (		ontaxable amount is:					
	Not over \$500,000	20% of the amou		2500,000				
	Over \$1,000,000 but not over \$1,000,000		5% of the excess over 50% of the excess over 5					
	Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000	<u> </u>	% of the excess over \$					
	Over \$17,000,000	\$1,000,000.	6 Of the excess over \$	1,500,000.				
_	g Grassroots nontaxable amount (enter	250/ of line 4f)						
	h Subtract line 1g from line 1a. If zero of							
	i Subtract line 1f from line 1c. If zero or	less onter O						
	j If there is an amount other than zero of				20			
	reporting section 4911 tax for this yea						Yes	No
			ng Period Under					
	(Some organizations that made	_	•	•	•	f the five colun	nns below.	
		See the separate in		-		. the hive column		
	L	obbying Expenditu	res During 4-Yea	r Averaging F	Period			
	Calendar year (or fiscal year							
	beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021		(d) 2022	(e) Total	
2	2a Lobbying nontaxable amount							
	<b>b</b> Lobbying ceiling amount							
	(150% of line 2a, column (e))							
	c Total lobbying expenditures							
	d Grassroots nontaxable amount							
	e Grassroots ceiling amount (150% of line 2d, column (e))							
	f Grassroots lobbying expenditures							

Schedule C (Form 990) 2022

Delta Kappa Gamma Society 34-0772598 Schedule C (Form 990) 2022 Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (a) (b) For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed No description of the lobbying activity. Yes Amount During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? **b** If "Yes." enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). No Yes 1 Were substantially all (90% or more) dues received nondeductible by members? 1 X 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 2a **b** Carryover from last year 2b 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? Taxable amount of lobbying and political expenditures. See instructions ..... **Supplemental Information** Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

DAA Schedule C (Form 990) 2022

Schedule C (Forr	n 990) 2022 Supplemental	Delta	Kapp	a Gamma	Society	34-0772598	Page <b>4</b>
Part IV	Supplemental	Informati	i <b>on</b> (co	ntinued)			

#### SCHEDULE I (Form 990)

## Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Delta Kappa Gamma Ohio State Organiz							Employer identification number 34-0772598
Part I General Information on Grants an							
Does the organization maintain records to substantiate the selection criteria used to award the grants or assist Describe in Part IV the organization's procedures for material Part IV, line 21, for any recipient tha	the amount of the tance?onitoring the use	e grants of grant fu	unds in the United Sta	tes.  Covernments.	Complete if the	e organizati	ion answered "Yes" on Form 9
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		of (h) Purpose of grant
(1)		у аррината	-				
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
2 Enter total number of section 501(c)(3) and government		sted in the	line 1 table				

Schedule I (Form 990) (2022) <b>Delta Kappa</b>	Gamma Societ		<del>1</del> -0772598		Page <b>2</b>
Part III Grants and Other Assistance			ne organization ans	wered "Yes" on Form 990	, Part IV, line 22.
Part III can be duplicated if addi					
(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Program registration fees	10	5,650			
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Pro	ovide the information	required in Part I, I	ine 2; Part III, colun	nn (b); and any other add	itional information.
Part I, Line 2 - Procedure Funds are directly applied					
·					

# SCHEDULE O (Form 990)

#### 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

**2022**Open to Public

Inspection

Name of the organization Delta Kappa Gamma Society Employer identification number Ohio State Organization 34-0772598 Form 990, Part VI, Line 7a - Election of Members and Their Rights Members of the Organization elect the Board. Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members Governing body decisions require member approval. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The Board reviews the Form 990 prior to filing. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy The Organization monitors compliance with its conflict of interest policy. Form 990, Part VI, Line 15a - Compensation Process for Top Official Performance is evaluated and compensation is recommended by the Committee and voted upon by the members. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents and the Form 990 are made available upon request.