



The Delta Kappa Gamma Society International
 Texas State Organization
 20__-20__ Report of Coordinating Council
 Due by July 1

DIRECTIONS: One copy of this form is to be sent to the following:

- 1) TSO Recording Secretary 2) State Treasurer 3) Coordinating Council file

Name of Coordinating Council	EIN # (if applicable for IRS 990N reporting)
Name of Person Reporting	Email
Current Chair	Current Chair's <u>Home</u> Email Address
Current Chair's Address	Chapter
Current Chair's Term of Office	Current Chair's Preferred Phone #

Current Treasurer or Secretary (circle one)	Chapter
Current Treasurer's / Secretary's Address	Current Treas/Sec Home Email Address
Current Treasurer's / Secretary's Term of Office	Current Treas/Sec Preferred Phone #

Chapters in Coordinating Council _____

State the purpose(s)/mission of this Council _____

Does this Coordinating Council have a checking account? ___Yes ___No; savings account? ___Yes ___No

Checking acct balance as of June 30, 20____ Savings acct balance as of June 30, 20____

When was the most recent 990N filed and accepted _____
 (Contact TSO Headquarters **IMMEDIATELY** if not known)

Does the Council conduct a financial review each biennium? ___Yes ___No

Who keeps the records for this Council? _____ Email _____