See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
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Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds, 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

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning NOV 01 , 2012, and ending OCT 31, 2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE MISSISSIPPI STATE FEDERATION OF COLORED WOMENS CLUB INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
FEDERATION TOWERS BOX 335

City or town, state or country, and ZIP + 4
CLINTON MS 39056

D Employer identification number
64-0650899

E Telephone number
601-353-5820

F Group Exemption Number ▶

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶

H Check ▶ ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶

J Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ▶ $ 177,572.

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 ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	8,166.
	2	Program service revenue including government fees and contracts	2	30,196.
	3	Membership dues and assessments	3	30,523.
	4	Investment income	4	467.
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less: cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) — 6a		
	b	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 exceed $15,000) — 6b	108,220.	
	c	Less: direct expenses from gaming and fundraising events — 6c	22,192.	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	86,028.
	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 in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	155,380.
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	46,057.
	11	Benefits paid to or for members	11	58,428.
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	7,565.
	14	Occupancy, rent, utilities, and maintenance	14	2,442.
	15	Printing, publications, postage, and shipping	15	19,835.
	16	Other expenses (describe in Schedule O)	16	4,689.
	17	**Total expenses.** Add lines 10 through 16 ▶	17	139,016.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	16,364.
	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	197,654.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	214,018.

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II X

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	172,061.	22	159,330.
23 Land and buildings	25,493.	23	25,493.
24 Other assets (describe in Schedule O)	100.	24	
25 Total assets	197,654.	25	184,823.
26 Total liabilities (describe in Schedule O)		26	54,119.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	197,654.	27	130,704.

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

Check if the organization used Schedule O to respond to any question in this Part III X

What is the organization's primary exempt purpose? COMMUNITY DEVELOPMENT

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and 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 SCHOLARSHIP SUPPORT FOR LOCAL STUDENTS

(Grants $ 30,055.) If this amount includes foreign grants, check here ▶ ☐ 28a 30,055.

29 COMMUNITY AND SOCIAL SERVICE ACTIVITY

(Grants $ 11,848.) If this amount includes foreign grants, check here ▶ ☐ 29a 11,848.

30 EDUCATIONAL CONFERENCES AND SYMPOSIUMS

(Grants $ 18,320.) If this amount includes foreign grants, check here ▶ ☐ 30a 18,320.

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 Total program service expenses (add lines 28a through 31a) ▶ 32 60,223.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (For, W-2/1099-MISC) (If not paid, enter-0-.)	(d) Health benefits, contributions to employee benefit plans & deferred comp	(e) Estimated amount of other compensation
SEE ATTACHED LIST		0		

Part V Other Information (Note the Schedule A and personal benefit contract 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," attach a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach 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)	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes", to line 35a, has the organization filed a Form 990-T for the year? If "No", provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		
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:			
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		X
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. ▶			
42a	The organizations books are in care of ▶ DOROTHY WREN-SMITH Telephone no. ▶ 601-353-5820			
	Located at ▶ BOX 335 MS CLINTON ZIP + 4 ▶ 39056-			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b	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)	45b		X

			Yes	No
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	46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

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 title of each employee paid more than $100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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
NONE		

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

▶ Dorothy Wren Smith
Signature of officer — Date

▶ DOROTHY WREN-SMITH TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
MARVEL A TURNER SR	MARVEL A TURNER SR	12/15/2012		P00042498

Firm's name ▶ TURNER AND ASSOCIATES — Firm's EIN ▶ 64-0605242

Firm's address ▶ 3155 J R LYNCH STREET JACKSON MS 39209- — Phone no. 601-353-5820

May the IRS discuss this return with the preparer shown above? See instructions ..... ▶ ☒ Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization
THE MISSISSIPPI STATE FEDERATION OF

Employer identification number
64-0650899

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26315.	52852.	68357.	75299.	116386.	339209.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	11477.	14827.	28831.	28527.	42539.	126201.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	32221.	29481.	43699.	49692.	18180.	173273.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	70013.	97160.	140887.	153518.	177105.	638683.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						638683.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	70013.	97160.	140887.	153518.	177105.	638683.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1946.	2110.	225.	235.	467.	4983.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,1975						
c Add lines 10a and 10b	1946.	2110.	225.	235.	467.	4983.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	71959.	99270.	141112.	153753.	177572.	643666.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	99.23 %
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	99.10 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	0.77 %
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	1.19 %

19a **33 1/3 % support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3 % support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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

2012

Open to Public Inspection

Name of the organization
THE MISSISSIPPI STATE FEDERATION OF

Employer identification number
64-0650899

LINE 10: GRANTS AND SIMILIAR AMOUNTS (SEE SCHEDULE ATTACHED)

LINE 11: BENEFITS PAID ON BEHALF OF MEMBERS (SEE SCHEDULE ATTACHED)

LINE 16: OTHER EXPENSES (SEE SCHEDULE ATTACHED)

Detail Sheet 2012

Name: THE MISSISSIPPI STATE FEDERATION OF **ID:** 64-0650899

Description: LINE 16: OTHER EXPENSE

Type	Amount
ADVERTISING AND SUPPORT	635.
TELEPHONE	154.
BANK FEES	227.
COURTSEY EXPENSE	339.
INSURANCE	2,834.
INTEREST	500.
Total	4,689.

Detail Sheet 2012

Name: THE MISSISSIPPI STATE FEDERATION OF **ID:** 64-0650899

Description: LINE 10: GRANTS AND DONATION TO OTHERS

Type	Amount
SCHOLARSHIP AND DONATIONS	30,055.
COMMUNITY AND SOCIAL SERVICES	11,848.
EDUCATION LUNCHEON	328.
SPECIAL MEETINGS AND FUNCTIONS	3,826.
Total	46,057.

Detail Sheet 2012

Name: THE MISSISSIPPI STATE FEDERATION OF **ID:** 64-0650899

Description: PRINTING POSTAGE AND ETC

Type	Amount
PRINTING	16,120.
POSTAGE	709.
SUPPLIES	3,006.
Total	19,835.

Detail Sheet 2012

Name: THE MISSISSIPPI STATE FEDERATION OF **ID:** 64-0650899

Description: PROGRAM SERVICE & OTHER REVENUES

Type	Amount
RENTAL INCOME CLUB HOUSE	12,016.
OTHER REVENUES	18,180.
Total	30,196.

Detail Sheet 2012

Name: THE MISSISSIPPI STATE FEDERATION OF **ID:** 64-0650899

Description: PROFESSIONAL FEES

Type	Amount
CONTRACT SERVICES	7,565.
Total	7,565.

Detail Sheet 2012

Name: THE MISSISSIPPI STATE FEDERATION OF **ID:** 64-0650899

Description: OCCUPANCY

Type	Amount
UTILITIES	1,585.
SECURITY	251.
REPAIRS AND MAINTENANCE	606.
Total	2,442.

Detail Sheet 2012

Name: THE MISSISSIPPI STATE FEDERATION OF **ID:** 64-0650899

Description: MEMBERSHIP ACTIVITIES

Type	Amount
CONVENTIN FEES AND REGISTRATION	18,320.
SPECIAL FUNCTIONS AND MEETINGS	3,051.
TRAVEL TO MEETINGS AND CONFERENCES	8,164.
MEMBERSHIP FEES PAID TO STATE AND NATIONAL	28,893.
Total	58,428.

Detail Sheet 2012

Name: THE MISSISSIPPI STATE FEDERATION OF **ID:** 64-0650899

Description: GIFTS GRANTS AND FUNDRAISING PROCEEDS

Type	Amount
CONTRIBUTIONS	8,166.
FUND RAISING PROCEEDS	108,220.
Total	116,386.

Detail Sheet 2012

Name: THE MISSISSIPPI STATE FEDERATION OF **ID:** 64-0650899

Description: GROSS RECEEIPTS FOR RELATED ACTIVITIES

Type	Amount
RENTAL INCOME	12,016.
MEMBERSHIP FEES	30,523.
Total	42,539.

Name and Address of MS State Federation Officers/Board Members for 2011-2012

1. Edna H. White, President
   Post Office Box 219
   Prentiss, MS 39474
   Phone 601-792-5207

2. Terryce N. Walker, First Vice
   5956 Holbrook Drive
   Jackson, MS 39206
   Phone 601-982-0921

3. Doris Strange, Second Vice
   1026 Cedar Street
   Greenville, MS 38701
   Phone 662-332-2879

4. Jacqueline Martin. Third vice
   1162 Johnny Forrest Road
   Summit MS 39666
   Phone 601-276-7380

5. Carol Cooper, Recording Secretary
   412 Hampton
   Madison, MS 39110
   601-856-3678

6. Ernestine Bridges, Assistant Sect.
   5400 Highway 13
   Oakvale, MS 39656
   Phone, 601-792-2598

7. Dorothy Wren Smith, Treasurer
   4544 Normandy
   Jackson. MS 39206

Phone 601-362-2327

8. Theresa Parks, Financial Secretary
   201 Squirrel Hill
   Ridgeland, MS 39157
   Phone 601-707-5266

9. Belivira Junior, Executive Secretary
   1775 Oakland Avenue
   Jackson, MS 39213
   Phone 601-366-2062

10. Bonnie McNeal, Statiscian
    5107 Tarryton Place
    Jackson, MS 39206
    Phone 601-928-4594

11. Edrice J. Polk, Chaplain
    Post office Box 1493
    Prentiss, MS 39474
    Phone 601-792-4311

12. Barbara B. Tillman, Pianist
    109 Leonard Road
    Mt. Olive MS 39119
    Phone 601-797-9103

13. Eva Nell Hartwell, Music Director
    2033 Hartwell Road
    Summit, MS 39666
    Phone 601-276-2375

14. Lynda Taylor, Parliamentarian
    7405 Hwy 568
    Magnolia MS 39652

Phone 601-783-2656

15. Donna Williams, Auditor
Post Office Box 1142
Clinton, MS 39056
Phone 601-59-4627

16. Rosia Crisler, Historian
3719 JFK Blvd
Jackson, MS 39213
Phone 601-982-9987

17. Essie Brumfield, Immediate Past President
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