See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

1302

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.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning March 1 , 2012, and ending February 28 , 20 13

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

C Name of organization
Zeta Phi Beta Sorority, Incorporated

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P O Box 13345

City or town, state or country, and ZIP + 4
Jackson, MS 39211

D Employer identification number
56-2447535

E Telephone number
601-373-4341

F Group Exemption Number ▶

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

I Website: ▶ www.mszphib.org

J Tax-exempt status (check only one) – ☐ 501(c)(3) ☑ 501(c) (7) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization 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 . . . . . ▶ $ 110,315 29

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	$10,917 00
	2	Program service revenue including government fees and contracts		2	$69,167 29
	3	Membership dues and assessments		3	$12,183 00
	4	Investment income		4	0
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a 0		
	b	Gross income from fundraising events (not including $ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b 0		
	c	Less: direct expenses from gaming and fundraising events	6c 0		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0
	7a	Gross sales of inventory, less returns and allowances	7a 0		
	b	Less: cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe in Schedule O)		8	$18,048 00
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	$110,315 29
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	0
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	$12,450 85
	13	Professional fees and other payments to independent contractors		13	$75,388 73
	14	Occupancy, rent, utilities, and maintenance		14	$130 00
	15	Printing, publications, postage, and shipping		15	$4,628 34
	16	Other expenses (describe in Schedule O)		16	$2,000 00
	17	**Total expenses.** Add lines 10 through 16 ▶		17	$94,597.92
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	$15,717 40
	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	$71,885 12
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	$15,717 40

95 71

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 . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	$71,885 12	22	$15,717 40
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	$71,885 12	25	$15,717 40
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	$71,885 12	27	$15,717 40

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 . . ☑

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

What is the organization's primary exempt purpose? This is a non-profit community service organization

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.

28 Executive Board Mtg and Basilei Retreat was sponsored to provide leadership training to all Presidents and other elected officers Benefited 102 members of Zeta Phi Beta Sorority, Incorporated
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **28a** $2,538 25

29 The Youth Retreat was sponsored to provide network communication between community groups affiliated Zeta Phi Beta Sorority, Incorporated while preforming community service within their local communities Leadership training and parlimentarian procedures was presented to the youth groups. Benefited 450 members
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **29a** $10,269 84

30 The Mississippi Leadership Conference is an annual "State Leadership Conference" held fostering the ideas of SISTERHOOD, SCHOLARSHIP, SERVICE and FINERWOMANHOOD for all financial members of Zeta Phi Beta Sorority, Incorporated in the State of Mississippi Benefited 487 members of the organization statewide
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **30a** $52,000 00

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **31a** $2,000 00

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ **32** $66,808 09

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 (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Barnie A McGee P O Box 13345, Jackson, MS 39211	MS State Director 160 hrs	$2134 92		
Andrelyn Smith P O Box 13345, Jackson, MS 39211	Secretary 40 hrs	$442 30		
Patricia Woods P O Box 13345, Jackson, MS 39211	Treasurer 40 hrs	$392 90		
Rosella Houston P O Box 13345, Jackson, MS 39211	Financial Secretary 40 hrs	$263 40		
Carnelia Fondren P O. Box 13345, Jackson, MS 39211	Parlimentarian 20 hrs	$516 43		
Ashley Barnes P O Box 13345, Jackson, MS 39211	U. G. Member at Large - 20 hrs	$306 72		
Patricia Wise P O Box 13345, Jackson, MS 39211	Board Chairman 20 hrs	$45 00		
Cassandra Walker P O Box 13345, Jackson, MS 39211	Youth Advisor 40 hrs	$244 76		
Candice Cook P O Box 13345, Jackson, MS 39211	U. G. Advisor 40 hrs	$102 34		
LaKitha Hughes P. O Box 13345, Jackson, MS 39211	U. G. Advisor 40 hrs	$200 0		
Francine Brookins P O. Box 13345, Jackson, MS 39211	Auxiliary Advisor 40hrs	$200 0		
Vanessa Banks P O Box 13345, Jackson, MS 39211	State Director 70 hrs	$3636 84		

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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
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		✓
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		✓
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		✓
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		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a $110,315 29			
b	*Gross receipts, included on line 9, for public use of club facilities* 39b 0			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
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 ▶ None			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ None			
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		✓
41	List the states with which a copy of this return is filed ▶ Mississippi			
42a	The organization's books are in care of ▶ Patricia T. Woods Telephone no. ▶ 601-373-4341			
	Located at ▶ 4005 Rainey Road, Jackson, MS ZIP + 4 ▶ 39212			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶			
	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 the U.S.?	42c		✓
	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 0			
			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		✓
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		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
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		✓
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		✓

			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		✓

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		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
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 . . . . ▶ None

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 . . ▶ None

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

▶ Signature of officer — Date: 6-1-13

▶ Patricia T Woods, 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
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

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

2012

Open to Public Inspection

Name of the organization	Employer identification number
Zeta Phi Beta Sorority, Incorporated - State of Mississippi	56-2447535

REVENUE - Part I #8· Zeta Phi Beta Sorority, Incorporated-State of Mississippi receives capital from "Specialty Tags" via its members purchasing a "Zeta" vehicle license plate The was legislative approved under the Mississippi Motor Vehicle Privilege Taxes Law

EXPENSES - Part I #16 Zeta Phi Beta Sorority, Incorporated offers two academic scholarships to a Graduate and Undergraduate member of the organization possessing the highest GPA each year

Part III #31a Zeta Phi Beta Sorority, Incorporated partners with license vendors, community businesses, and members to promote the image of our organization through paraphernalia display and advertisement in a souvenir booklet during the State Leadership Conference

Part IV List of Officers, Directors, Turstees and Key Employees

Name and Address	Title and Average hours per week	Compensation
Joyce Burton P O. Box 13345, Jackson, MS 39211	Chairman of the Board - 20 hrs	$634 04
Barbara Sidney P O Box 13345, Jackson, MS 39211	Geographical Area Coordinator - 20 hrs	$450 00
LaToya Bledsoe P O Box 13345, Jackson, MS 39211	Geographical Area Coordinator - 20 hrs	$326 60
Tonya Plunkett P O. Box 13345, Jackson, MS 39211	Geographical Area Coordinator - 20 hrs	$312 60
Jacqueline Mason P.O Box 13345, Jackson, MS 39211	Geographical Area Coordinator - 20 hrs	$404 58
Georessica Saul P O Box 13345, Jackson, MS 39211	ZHOPE Coordinator - 20 hrs	$400.00
Mary Kincaid P O Box 13345, Jackson, MS 39211	Newsletter Editor - 20 hrs	$317 25

Name of the organization	Employer identification number
Zeta Phi Beta Sorority, Incorporated - State of Mississippi	56-2447535

Lashunda Anderson	Undergraduate Coordinator - 20 hrs	$96.93
P. O. Box 13345, Jackson, MS 39211		
Jacqulyn Buford	Undergraduate Coordinator - 20 hrs	$182.80
P. O. Box 13345, Jackson, MS 39211		
Deidra Harrell	Youth Coordinator - 20 hrs	$393.12
P. O. Box 13345, Jackson, MS 39211		
Calandra Jones-Howard	Youth Coordinator - 20 hrs	$332.39
P. O. Box 13345, Jackson, MS 39211		
Shirley Carpenter	Auxilary Advisor - 20 hrs	$114.93
P. O. Box 13345, Jackson, MS 39211		