

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2019**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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/Form990EZ for instructions and the latest information. 2006

A For the 2019 calendar year, or tax year beginning		2019, and ending		June 30, 2020	
B Check if applicable: ☐ Address change ☐ Name change ☒ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending		C Name of organization Zeta Phi Beta Sorority, Incorporated - State of Mississippi 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 province, country, and ZIP or foreign postal code Jackson, MS 39236		D Employer identification number 56-2447535 E Telephone number (601) 896-3920 F Group Exemption Number ▶	
G Accounting Method. ☒ Cash ☐ Accrual Other (specify) <u>Checks</u>		H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).			
I Website: ▶ N/A					
J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (7) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527					
K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other Incorporated					
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, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 197,522					

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	19,464
	2	Program service revenue including government fees and contracts	2	163,758
	3	Membership dues and assessments	3	14,300
	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
Expenses	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 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	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	197,522
	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	0
	Net Assets	13	Professional fees and other payments to independent contractors	13
14		Occupancy, rent, utilities, and maintenance	14	8,171
15		Printing, publications, postage, and shipping	15	6,900
16		Other expenses (describe in Schedule O)	16	125,793
17		Total expenses. Add lines 10 through 16	17	173,631
18		Excess or (deficit) for the year (subtract line 17 from line 9)	18	23,891
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	153,407
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	177,298	

For Paperwork Reduction Act Notice, see the separate instructions.

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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	153,407	22 177,298
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	0	25 177,298 X 0
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)	153,407	27 177,298

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 ☒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.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28 National Trainings are sponsored to provide certification and effective leadership skills to Executive Board and Undergraduate members. Benefits approximately 60 members of Zeta Phi Beta Sorority, Incorporated		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	8,089
29 Undergraduate, Youth and Amicae Retreats are sponsored to provide network communications between community partners and collegiate chapters. Leadership training benefits approximate 550 members of the groups affiliated with Zeta Phi Beta Sorority, Incorporated		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	16,462
30 MS State Leadership Conference-Annual Conference held to foster the ideas of SISTERHOOD, SCHOLARSHIP, SERVICE and FINERWOMANHOOD for financial members of Zeta Phi Beta Sorority, Incorporated. Benefits over 1000 members of the organization given that this year was a Centennial year for Zeta Phi Beta		
(Grants \$) If this amount includes foreign grants, check here ☐	30a	102,012
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ☐	31a	0
32 Total program service expenses (add lines 28a through 31a)	32	118,474

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
Kenya Washington, State Director				
P. O. Box 13345, Jackson, MS 39236	240	0	0	4,188
Barbara Sidney, Central Area Coordinator				
P. O. Box 13345, Jackson, MS 39236	20	0	0	948
Calandra Howard, Parliamentarian				
P. O. Box 13345, Jackson, MS 39236	20	0	0	357
Cassandra Walker, Newsletter Director				
P. O. Box 13345, Jackson, MS 39236	20	0	0	206
Charronda Hairston, Youth Coordinator				
P. O. Box 13345, Jackson, MS 39236	40	0	0	1,185
Hattie Barnes, Northern Area Coordinator				
P. O. Box 13345, Jackson, MS 39236	20	0	0	852
Hilda Harper, Male Network Coordinator				
P. O. Box 13345, Jackson, MS 39236	20	0	0	375
Kim Mayfield, Youth Coordinator & IT Director				
P. O. Box 13345, Jackson, MS 39236	40	0	0	1,607
Latisha Skinner, Protocol Director				
P. O. Box 13345, Jackson, MS 39236	20	0	0	466
Mercidee Curry, Undergraduate Coordinator				
P. O. Box 13345, Jackson, MS 39236	80	0	0	414
Patricia Woods, Treasurer				
P. O. Box 13345, Jackson, MS 39236	30	0	0	193
Portia Ellis, Asst. Secretary				
P. O. Box 13345, Jackson, MS 39236	10	0	0	723

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	37b	☒
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	
39 Section 501(c)(7) organizations. Enter:	39a	19,850
a Initiation fees and capital contributions included on line 9	39b	197,522
b Gross receipts, included on line 9, for public use of club facilities		
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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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	☒
41 List the states with which a copy of this return is filed ► <u>Mississippi</u>		
42a The organization's books are in care of ► <u>Patricia Woods</u> Telephone no. ► <u>601-896-3920</u>		
Located at ► <u>4005 Rainey Road, Jackson, MS</u> ZIP + 4 ► <u>39212</u>		
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)? If "Yes," enter the name of the foreign country ►	42b	☒
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ►	42c	☒
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		☒
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	☒
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	☒
b 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	☒

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
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 ☐

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

	Yes	No
47		☒

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		☒
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		☒
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b If "Yes," was the related organization a section 527 organization?

49b		☒
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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	(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 business address of each independent contractor	(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 must attach a completed Schedule A

▶ ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	<i>Patricia Woods</i> Signature of officer	11-6-2020 Date
	Patricia 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.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

Zeta Phi Beta Sorority, Incorporated - State of Mississippi

Employer identification number

56-2447535

EXPENSES: Part 1 #16 - Zeta Phi Beta Sorority, Incorporated - State of Mississippi offers academic scholarships to Graduate, Undergraduate and Auxiliary members. Honorariums to National Representatives. Donations to National Programmatic Initiatives and assist in providing certifications to financial members of the organization.

Part IV: List of Officers, Directors, Trustees and Key Employees

Name/Title/Address	Avg. Hours per week	Compensation
Rosanna Hawkins, Secretary - P. O. Box 13345, Jackson, MS 39236	20	\$ 99.54
Rosella Houston, Financial Secretary - P. O. Box 13345, Jackson, MS 39236	30	\$240.41
Sandrena Durr, Auxiliary Director - P. O. Box 13345, Jackson, MS 39236	20	\$1,213.60
Theresa Green, Northern Area Coordinator - P. O. Box 13345, Jackson, MS 39236	20	\$2,540.00
Vanessa Banks, Chair of the Executive Board - P. O. Box 13345, Jackson, MS 39236	10	\$99.54