

## The Basics of Club Finances



## Club Dues

New member reporting /payment

Annual dues reporting/payment

Official club membership



## New Member Reporting



## When

• Immediately after receipt of dues from new member.

## How

- Send New Member Report and ZI DuesTransmittal Forms to District 12 Treasurer. Include dues for <u>BOTH</u> District 12 and ZI.
- District Treasurer will forward report and dues to ZI.

## Why

 Until ZI and D12 receive dues they are not official members and will not receive the benefits of membership, Zontian magazine and access to Member Resources on the ZI website and liability insurance.

## Where

 Member Report forms are included in your packet and the report can also be accessed on the ZI website.

## New Member Reporting Dues Amounts - 2015-2016



FULL YEAR		HALF YEAR	
June 1 – May 31		December 1 - May 31	
ZI Dues	\$80.00	ZI Dues	\$40.00
ZI Insurance	3.00	ZI Insurance	3.00
ZI New Member	<u> 15.00</u>	ZI New Member	<u> 15.00</u>
Total ZI Dues	\$98.00	Total ZI Dues	\$58.00
District 12	\$31.00*	District 12	\$15.50*
Conference	3.00	Conference	3.00
Education	2.00	Education	2.00
Total D12 Dues	\$36.00	Total D12 Dues	\$20.50

<sup>\*</sup> District 12 dues will continue to increase by \$1.00 every year.

<sup>\*</sup> District 12 dues will continue to increase by \$1.00 every year.

### Member Report Form





EMPOWERING WOMEN

Zonta International 1211 West 22nd Street, Suite 900 Oak Brook, IL 60523 USA Telephone: (630) 928-1400 Fax: (630) 928-1559

http://www.zonta.org/ClubsLeadership/Tools/MembershipTools.aspx

please use the table below to make corrections or additions.

The classification codes can be found at:

Email: memberrecords@zonta.org

After comparing the FORM A you have received containing the HQ membership list with your own list,

### MEMBER REPORT **FORM B**

[Changes to Club Membership]

5. Change of Name/ Address 6. Resignation/Termination 7. Deceased

3. Club Honorary Member

4. Club Transfer (to/from)

8. All Other Changes

1. New Member 2. Reinstated Member

If a new member has joined your club and they are a previous Z/Golden Z member or award recipient, please complete page 3 of this form.

STATUS CODES

Submitted by:					
Zonta Club of:	District:	Area:		Club #:	
Name:		Country:			
Address:	City:	Postal co	ode:		
Phone number:	Fax:	e-mail:			
(include country code)	(include country code)				

Status Code	Personal Information	Mailing Address	Telephone, Fax & Email (Include Country/Area/City Code)		
	LAST NAME/SURNAME:	ADDRESS:	BUSINESS: (Please include country code)		
	FIRST NAME/GIVEN NAME:	CITY:	HOME: (Please include country code)		
	DATE OF BIRTH (MM/DD/YYYY):	STATE/PROVINCE & POSTAL CODE:	FAX: (Please include country code)		
	CLASSIFICATION CODE: 4-digit only:	COUNTRY:	MOBILE/CELL: (Please include country code)		
	OCCUPATION DESCRIPTION:	Gender: FEMALE MALE	EMAIL:		
	LAST NAME/SURNAME:	ADDRESS:	BUSINESS: (Please include country code)		
	FIRST NAME/GIVEN NAME:	CITY:	HOME: (Please include country code)		
	DATE OF BIRTH (MM/DD/YYYY):	STATE/PROVINCE & POSTAL CODE:	FAX: (Please include country code)		
	CLASSIFICATION CODE: 4-digit only:	COUNTRY:	MOBILE/CELL: (Please include country code)		
	OCCUPATION DESCRIPTION:	Gender: FEMALE MALE	EMAIL:		



### Form C North American

1211 West 22nd Street, Suite 900 • Oak Brook, IL 60523 USA T: +1 (630) 928-1400 • F: (630) 928-1559 • www.zonta.org

### International Dues Payment Transmittal Form for the Period of 1 JUNE 2015- 31 MAY 2016

Zonta Club of:		Date:	
District: Area: C	lub Number:		
Name of Remitter:		Position/Title:	
Form of Payment: (Please check ap Check/Cheque/Money Order	pplicable box)	☐ Interna Payme	ational Wire ent
Allocation of	Payment – INTERNA Membership Dues		Υ
MEMBER DUES RENEWAL Full Year Club Liability Insurance MEMBER RENEWAL TOTAL	Dues/Fees US\$ 80.00 US\$ 3.00 US\$ 83.00	Number of Members	Total Amount in US\$
NEW MEMBER Full Year Dues Fees Club Liability Insurance NEW MEMBER TOTAL	US\$ 80.00 US\$ 15.00 US\$ 3.00 US\$ 98.00		
REINSTATED MEMBER Full Year Dues Fees Club Liability Insurance REINSTATED MEMBER TOTAL	US\$ 80.00 US\$ 15.00 US\$ 3.00 US\$ 98.00		
TOTAL NUMBER OF MEMBERS			
Z Club/Golden Z Club Renewal Fe	es US\$ 5.00 per club	# of Clubs Sponsored	
The Zontian Additional Subscripti	on ** US\$ 7.00 per co	Extra Copie	s 
Total	Payment	US\$	

ZONTA
INTERNATIONAL
DISTRICT 12
EMPOWERING WOMEN
THROUGH SERVICE & ADVOCACY

# New Member Reporting Where to send/E-mail Member Report Form and Dues

District 12 Treasurer
Terri Otley
P O Box 6739
Denver, CO 80206-0739
t\_otley@q.com

### **Annual Dues Reporting**

- WHEN: Deadline to D12 May 15th
- HOW:Send completed International Forms B and C to District 12 Treasurer include SEPARATE checks Payable to Zonta International District 12 and Zonta International.
  - Your District 12 Treasurer will forward your reports and dues to ZI.
- WHY: Your club will NOT be in good standing and will lose benefits.
- WHERE: ZI will send out packets in April.
   Forms can also be accessed online.



### **Annual Dues Reporting** ZI Renewal Notice/Invoice



RENEWAL NOTICE/INVOICE 1211 West 22nd Street. Suite 900

02 April 2015

DUE DATE

1 June 2015

Form A

### ZONTA CLUB OF DENVER II

Oak Brook, Illinois 60523 USA

Telephone +1 630 928 1400 Fax +1 630 928 1559

12 - 03 - 1148 Teresa Ann Otlev

District Treasurer 1120 Adams Street Denver CO 80206 USA

Member Number

**Business Phone** 

Fax Number Admission Date

Name Address Type

Residence Phone

Email

Total of Dues

\$83.00

Classification

12-03-1148-128757

Barbara Anders

701 S. High Street Denver CO 80209

USA

B: (303) 777-0509

Fax:

06/02

12-03-1148-177603

Julia Bourlakov

4055 W. Dartmouth Avenue

Denver CO 80236

B: 303-480-0855

Fax:

06/13

12-03-1148-166395

Lois Britton

3542 Raleigh Street Denver CO 80212

USA

B: Fax:

01/10

1

R: (303) 777-0509

Email: yoblanders@yahoo.com

1115-Director (Company)

\$83.00

R: 303-480-0855

Email: julia.bourlakov@gmail.com

3213-Financial Advisor

\$83.00

R: (303) 834-5244

Email: loisbritton5492@comcast.net



### RENEWAL NOTICE/INVOICE



1211 West 22nd Street, Suite 900 Oak Brook, Illinois 60523 USA Telephone +1 630 928 1400 Fax +1 630 928 1559 02 April 2015

DUE DATE

1 June 2015

TOTAL MEMBERS	23
TOTAL Z CLUBS	1
TOTAL LIBRARIES / ADDITIONAL	0

**TOTAL DUES AND FEES** 

\$1,914.00

For dues payment instructions please go to the following link: http://www.zonta.org/MemberResources/MembershipDues.aspx



# Annual Dues Reporting Where to send/E-mail Annual Report Form and Dues

District 12 Treasurer

Terri Otley

P O Box 6739

Denver, CO 80206-0739

t\_otley@q.com



## Annual Dues Reporting Who Else Uses this information



- District 12 OMC Chair
  - Helps to identify trends for the clubs and for the District as a whole. Allows the OMC chair to identify clubs in need of assistance.
- District 12 Internal Communications Chair
  - This information is what is used to update our membership database. That is also the information used to create our District 12 Directory.

### Official Club Membership



- WHEN: September 1<sup>st</sup>
- HOW: Email sent in August by the District Treasurer to club treasurers to verify club membership numbers.
- WHY: Determines the number of Delegates each club is allowed to have at the District Conference.

## Club Reports

**Financial Reports** 

Recordkeeping of Financial Reports

Club Planning

ZI Foundation club donation



## Club Reporting Resources



- The Zonta Club Manual
- Club Treasurer FAQ
- ZI Website>
   Member Resources > Tools > Club Tools

## Club Reporting Financial Reports



 Submit financial reports to the club and its board as required.

 Submit a written report of the club's annual financial position at the annual meeting.

## Club Reporting Recordkeeping of Financial Reports

- ▶ Computerized recordkeeping may be easiest. Either a software package or a spreadsheet format.
- ▶ The Zonta Club Manual has suggested manual-entry report forms, which can be re-created in a computerized spreadsheet. Available under the FORMS>Sample Bookkeeping Worksheets:
  - Monthly Cash Receipts Worksheet
  - Monthly Cash Disbursement Worksheet
  - Bank Reconciliation for the Month
  - Financial Statement (Statement Of Activities) for the Month
- ▶ If your Club reimburses members, The Zonta Club Manual has a suggested Expense Reimbursement form

## Club Reporting Computerized Profit & Loss



8:15 AM 09/29/10 Cash Basis

Zonta Club of Fort Collins Profit & Loss June 2008 through May 2009

	Jun '08 - May 09
Income	
Scooter Raffle	1,550.00
Conference Raffle	70.00
In-Club Fundraisers	64.00
Membership Dues	408.00
Rose Fundraiser	662.14
Split the Pot	891.61
Zonta Store	65.00
Total Income	3,710.75
Expense	
Advertising	30.00
Installation Dinner	48.01
Membership Commitee	47.21
Misc.	37.20
PO Box Rental	58.00
Program Committee	161.27
Service Projects	1,070.70
Total Expense	1,452.39

## Club Reporting Computerized Balance Sheet



8:16 AM 09/29/10 Cash Basis

Zonta Club of Fort Collins Balance Sheet As of May 31, 2009

	May 31, 09
ASSETS	
<b>Current Assets</b>	
Checking/Savings	
Raffle Account	1,650.00
FNB - General Fund	877.58
FNB - Service Fund	1,190.92
Total Checking/Savings	3,718.50
Total Current Assets	3,718.50
TOTAL ASSETS	3,718.50
LIABILITIES & EQUITY Equity	
Fund Balance	1,460.14
Net Income	2,258.36
Total Equity	3,718.50
TOTAL LIABILITIES & EQUITY	3,718.50

## Club Reporting Club Planning



 Budget should be prepared for particular activities: operations, fundraising, committees

 Reporting on these budgets gives a clear picture of actual receipts and disbursements against the budgeted plan...."Budget-to-Actuals"

## Club Planning Annual Budget

ZONTA CLUB OF FORT COLLINS								
PROPOSED BUDGET								
As of May 31, 2009								
GENERAL FUND	Proposed	Actual	Proposed	Actual	Proposed	Actual	Proposed	Actual
REVENUE	2006-2007	2006-2007	2007-2008	2007-2008	2008-2009	2008-2009	2009-2010	2009-2010
General Fund Forwarded	729.30	729.30	1.196.54	1.196.54	403.76	68.36	877.58	877.58
Dues	273.00	398.00	364.00	168.00	273.00	408.00	425.00	
Monthly meeting raffle	200.00	82.75	100.00	38.00	60.00	64.00	70.00	
Zonta Putt Fundraiser/Split the Pot	2,025.00	1,890.00	2,000.00	00.00	897.21	891.61	10.00	
Rose Day Fundraiser	245.00	127.50	200.00	308.27	400.00	001.01	1,000.00	
Zonta Store	100.00	5.00	200.00	500.27	400.00	65.00	100.00	
Castillion's Fund Raiser	242.11	65.10	100.00			00.00	100.00	
Conference Raffle/Store	242.11	269.70	200.00	105.00	150.00	70.00	150.00	
Area 2 meeting		79.00	200.00	91.79	100.00	70.00	130.00	
General Donation		45.00	25.00	91.79				
	0.04.4.44			4 007 00	2.183.97	4 500 07	0.000.50	877.58
TOTAL GENERAL FUND REVENUE	3,814.41	3,691.35	4,185.54	1,907.60	2,183.97	1,566.97	2,622.58	877.58
EXPENSES								
Advertising			10.000			30.00	30.00	
Status & Service of Women	75.00	46.22	50.00	45.95	50.00		50.00	
P.O. Box	48.00	50.00	56.00	56.00	56.00	58.00	58.00	
Membership- Meals/Pins	860.00	169.30	850.00	19.39	200.00	47.21	100.00	
Purchase other club items								
Delegates to convention	200.00	50.00	200.00	50.00	50.00		200.00	
Misc.	50.00	54.00	50.00	24.78	50.00	37.20	50.00	
Corresponding Secretary		55.61	60.00	39.63	60.00		60.00	
UN Program		00.01	00.00	00.00	00.00		00.00	
Postage & Printing	50.00		25.00		25.00		25.00	
Program Booklets	50.00	10.92	25.00		25.00		25.00	
Raffle License	30.00	10.92	23.00		20.00	100.00	100.00	
Speaker Lunches/gifts/thankyou	150.00	124.65	150.00	30.38	100.00	161.27	200.00	
Installation Dinner	150.00	41.84	150.00	30.30	50.00	48.01	50.00	
Service Fund Reserve	2.000.00		2.400.00	1.573.11	1.050.00	207.70	1,550.00	
		2,000.00						
General Fund Reserve	394.41	1,196.54	419.54	68.36	467.97	877.58	124.58	
TOTAL GENERAL FUND EXPENSES	3,877.41	3,799.08	4,285.54	1,907.60	2,183.97	1,566.97	2,622.58	- 2
SERVICE FUND		2						
REVENUE								
Balance forwarded	1,320.00	1,320.00	576.28	1,626,28	1.076.28	1,391.78	1,528.78	1,528.78
Scooter Raffle		107.73				1,650,00	1,650.00	*
Split the Pot							800.00	
Rose Day Fundraiser						646.66		
Reserve from General Fund	2.000.00	2.000.00	2 400 00	1,573,11	1,050,00	207.70	1,550,00	
TOTAL SERVICE FUND REVENUE	3,320.00	3,427.73	2,976.28	3,199.39	2,126.28	3,896.14	5,528.78	1,528.78
EXPENSES								
	000.00	550.00	000.00	000.00	000.00		4.050.00	
Zonta International	900.00	550.00	600.00	600.00	600.00	4 000	1,350.00	
Local Scholarships	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	
District Contribution	50.00							
YWPA Sponsorship	50.00	53.54	50.00	33.12	50.00	20.70	50.00	
ZEP Program							100.00	
English Conversation		40.18	100.00	124.49	50.00			
Child Sponsorship	50.00	50.00	50.00	50.00	50.00	50.00	50.00	
Service Fund Reserve	1,050.00	1,050.00	1,050.00	1,050.00		1,296.66	2,746.66	
Balance Forward 6/09	220.00	576.28	126.28	341.78	376.28	1,528.78	232.12	
TOTAL SERVICE FUND EXPENSES	3.320.00	3,320.00	2.976.28	3,199,39	2.126.28	3,896,14	5.528.78	



## Club Reporting Annual Reports



- Prepare and present a report at the Annual Meeting
- Report to the club president/board as required and brief the incoming treasurer on all club activities and policies
  - ZI Foundation club donation
  - Record Collection and Disbursement of club monies
  - Reporting of Collection and Disbursement

## Club Reporting Gifts to ZI Foundation



Gifts to the ZI Foundation can be made in many ways.

- ▶ To contribute via a check, make your check payable to Zonta International Foundation and complete the Contribution Form.
- ▶ The Contribution Form can be can be found on the Zonta International Web site under Clubs & Leadership >Tools >Foundation Tools, Forms
- ▶ The Zonta Club Manual has manual-entry report forms
  - Annual Fund to send disbursements to ZI

## Club Reporting Remember your resources.....



http://www.zonta.org/MemberResources/Manual s.aspx

The Zonta Club Manual October 2006

From District 12Club Treasurer FAQJuly 2011

http://www.zonta.org/MemberResources/Tools.a spx

ZI Website

Member Resources > Tools > Club Tools >

# IRS FILING REQUIREMENTS

Form 990N or ePostcard

Form 990-EZ

Form 990



### 990 Filing

Clubs with total GROSS revenue of <=\$50,000

WHEN: Deadline October 15<sup>th</sup>



- HOW: 990-N (e-postcard)
- WHY: Pension Protection Act of 2006 requires all USA 501(c)(4) charitable organizations to file.
- WHERE: IRS Website <a href="http://www.irs.gov/Charities-&-Non-Profits/Annual-Electronic-Filing-Requirement-for-Small-Exempt-Organizations-Form-990-N-(e-Postcard)">http://www.irs.gov/Charities-&-Non-Profits/Annual-Electronic-Filing-Requirement-for-Small-Exempt-Organizations-Form-990-N-(e-Postcard)</a>

### 990 Filing Form 990-N



### File your electronic Form 990-N (e-Postcard).

Click here for more information on who must file Form 990-N (e-Postcard)

### SECURITY ALERT:

On February 24, 2015 all users of the e-Postcard system were notified that unauthorized parties gained access to the system and to usernames and passwords. If you registered on the site prior to January 7, 2015 you will be required to change your password if you have not already done so. Please go here for details, answers to Frequently Asked Questions and more information.

### STEP 1: Register as a New User

To file Form 990-N (e-Postcard), you must register and obtain a login ID. Click the link above to request a login ID. If you already have a login ID, either recently created or from a previous year, go to Step 2.

### STEP 2: Create your Form 990-N (e-Postcard)

Once you have a login ID, you can access the system and create your e-Postcard. Click the link above to begin the process.

### STEP 3: Submit your Form 990-N (e-Postcard)

Once you complete your e-Postcard, click the "Submit Filing to IRS" button.

### Requirements and tips for using this website.

### Quick Menu

Register as a New User
Update Email/User Information
Create New e-Postcard
Edit/View Existing e-Postcard

Technical Support
Frequently Asked Questions
Privacy Policy

Questions or problems regarding this web site should be directed to <u>Tech Support</u> Concerned about your privacy? Please view our <u>privacy</u> policy.

This website is best viewed with Microsoft Internet Explorer 6.0+ or Mozilla Firefox with a screen resolution of 1024 X 768. Last modified: April 27, 2015.

# 990-EZ Filing Clubs with total GROSS revenue of >\$50,000 but <\$200,000

- WHEN: Deadline August 31<sup>st</sup>
- HOW: File as part of Zonta International Group Filing
- WHY: Pension Protection Act of 2006 requires all USA charitable organizations to file.
- WHERE: <a href="http://www.zonta.org/MemberResources/Forms.aspx">http://www.zonta.org/MemberResources/Forms.aspx</a>
  - Form 990 Spreadsheet for Group Filing

### <u>OR</u>

- WHEN: Deadline October 15<sup>th</sup>
- HOW: File on the IRS website
- WHY: Pension Protection Act of 2006 requires all USA charitable organizations to file.
- WHERE: <a href="http://www.irs.gov/pub/irs-pdf/f990.pdf">http://www.irs.gov/pub/irs-pdf/f990.pdf</a>
  - http://www.irs.gov/pub/irs-pdf/f990ez.pdf

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Forn	. <b>9</b> 9	)0-EZ	Return of Organizatio	n Exempt Fro	m l	Income <sup>·</sup>	Гах		2014	4
			Under section 501(c), 527, or 4947(a)(1) of t	he Internal Revenue Co	ode (e	except private	foundati	ions)	<b>ZU</b>	•
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			▶ Do not enter social security nur	mbers on this form as	it ma	y be made pu	blic.		Open to Pu	
Depa	rtment o	of the Treasury nue Service	► Information about Form 990-EZ	and its instructions is	at ww	vw.irs.gov/for	m990.		Inspection	on
A F	or the	2014 calenda	year, or tax year beginning	, 2	2014,	and ending			, 20	
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	mended	m/terminated I return	City or town, state or province, country, and ZIP or	foreign postal code			F Grou	р Ехе	mption	
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				Association Ot						
			b to line 9 to determine gross receipts. If gro							
	_		are \$500,000 or more, file Form 990 instead					\$	( D+ I)	
H	art I		, Expenses, and Changes in Net A						,	
_			he organization used Schedule O to r							. 🗆
	1 2		ns, gifts, grants, and similar amounts red					1 2		
	3		rvice revenue including government fees o dues and assessments					3		
	4		income				+	4		
	5a		int from sale of assets other than invent		5a			-		
	b		or other basis and sales expenses		5b		-			
	c		s) from sale of assets other than invento			ine 5a)		5c		
	6		fundraising events	., (						
	а		me from gaming (attach Schedule	G if greater than						
ne		\$15,000) .			6a					
Revenue	b	Gross incor	ne from fundraising events (not including	g \$	o	f contribution	ns			
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	/a b		of inventory, less returns and allowance of goods sold		7b		-			
	c		or (loss) from sales of inventory (Subtra				_	7с		
	8		ue (describe in Schedule O)					8		
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and					9		
	10		similar amounts paid (list in Schedule O					10		
	11	Benefits pai	d to or for members				[	11		
ŝ	12	Salaries, otl	ner compensation, and employee benefi	its			[	12		
SL.	13	Professiona	I fees and other payments to independe	ent contractors			[	13		
Expenses	14		rent, utilities, and maintenance					14		
ш	15		blications, postage, and shipping					15		
	16		nses (describe in Schedule O)					16		
_	17		nses. Add lines 10 through 16					17		
ets	18 19		deficit) for the year (Subtract line 17 from or fund balances at beginning of year					18		
28			figure reported on prior year's return)					19		
Net Assets	20		ges in net assets or fund balances (expla					20		
ž	21		or fund balances at end of year. Combin					21		
For			on Act Notice, see the separate instruction			No. 10642I			Form <b>990-EZ</b>	(2014)



			u to any question		artii		
	Check if the organization used Scho	adic o to respon			A) Beginning	of year	(B) End of year
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	and and buildings			–			23
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escribe meas ersons	the organization's primary exempt purpose the organization's program service account ured by expenses. In a clear and concibenefited, and other relevant information	emplishments for e	ibe the services			vices,	501(c)(3) and 501(c)(4) organizations; optional others.)
3 							
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Oth	er program services (describe in Schedul	e O)					
10-	ants\$ ) If this am	according to a local data.					31a
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2 Tot		28a through 31a)				<b>&gt;</b>	32
2 Tot	al program service expenses (add lines	28a through 31a) d Key Employees (	ist each one even if d to any question	not comp	ensated—s Part IV .	ee the ins	32
2 Tot	al program service expenses (add lines List of Officers, Directors, Trustees, an	28a through 31a) d Key Employees (	list each one even if Indicate to any question	not comp n in this F ortable sation 1099-MISC)	ensated—s Part IV . (d) Health I contributions to benefit pla	ee the ins	32
2 Tot	al program service expenses (add lines List of Officers, Directors, Trustees, an Check if the organization used Scho	28a through 31a) d Key Employees ( edule O to respon (b) Average hours per w	list each one even if Id to any question Id to any question Id to any question Id (c) Report Id (c)	not comp n in this F ortable sation 1099-MISC)	ensated—s Part IV . (d) Health I	ee the ins	structions for Part IV
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2 Tot	al program service expenses (add lines List of Officers, Directors, Trustees, an Check if the organization used Scho	28a through 31a) d Key Employees ( edule O to respon (b) Average hours per w	list each one even if Indicate to any question	not comp n in this F ortable sation 1099-MISC)	ensated—s Part IV . (d) Health I contributions to benefit pla	ee the ins	structions for Part IV
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	al program service expenses (add lines List of Officers, Directors, Trustees, an Check if the organization used Scho	28a through 31a) d Key Employees ( edule O to respon (b) Average hours per w	list each one even if Indicate to any question	not comp n in this F ortable sation 1099-MISC)	ensated—s Part IV . (d) Health I contributions to benefit pla	ee the ins	structions for Part IV
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2 Tot	al program service expenses (add lines List of Officers, Directors, Trustees, an Check if the organization used Scho	28a through 31a) d Key Employees ( edule O to respon (b) Average hours per w	list each one even if Indicate to any question	not comp n in this F ortable sation 1099-MISC)	ensated—s Part IV . (d) Health I contributions to benefit pla	ee the ins	structions for Part IV
2 Tot	al program service expenses (add lines List of Officers, Directors, Trustees, an Check if the organization used Scho	28a through 31a) d Key Employees ( edule O to respon (b) Average hours per w	list each one even if Indicate to any question	not comp n in this F ortable sation 1099-MISC)	ensated—s Part IV . (d) Health I contributions to benefit pla	ee the ins	structions for Part IV



Page 2

	0-EZ (2014)		P	age 3
Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	/ 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	165	NO
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 c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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 .	35b 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 b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶     37a	37b 38a		
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
a b t0a	Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities  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		
С	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			
е	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		
11 12a	List the states with which a copy of this return is filed ▶			
ŧza	The organization's books are in care of ► Telephone no. ►  Located at ► ZIP + 4 ►			
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	Yes	No
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:	42c		
13	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		Yes	No
14a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	100	140
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		
d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c 44d		
\$5a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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).	45a 45b		
		n 990	-EZ	(2014)



46	Did th	ne organization engage, directly or in	ndirectly in political c	amnaion activities	on hehalf	of or in opposi	tion .	Yes	No
40		ndidates for public office? If "Yes," of			· · ·		. 46		
Part		Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sc	s must answer que				e tables f	or line	 *s
47		he organization engage in lobbying					tax	Yes	No
	,	If "Yes," complete Schedule C, Par					. 47		
48 49a b 50	Did th If "Ye Comp	organization a school as described in ne organization make any transfers t iss," was the related organization a so lete this table for the organization's oyees) who each received more than	o an exempt non-cha ection 527 organizations five highest compen	ritable related orga on? sated employees (	nization?  other than	officers, direct			d key
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	lealth benefits, tions to employee slans, and deferred empensation	(e) Estimate		
51	Comp \$100,	number of other employees paid ov olete this table for the organization' 000 of compensation from the orga Name and business address of each independent	's five highest compe anization. If there is no				n received		than
d 52	Did t	number of other independent control the organization complete Schedu	-		►_ ganization		na .▶ ∐ Yes		
	enalties	of perjury, I declare that I have examined this domplete. Declaration of preparer (other than				to the best of my kr			
Sign Here		Signature of officer  Type or print name and title				Date			
Paid Prep	arer	Print/Type preparer's name	Preparer's signature		Date	Check self-emplo			
Use		Firm's name ►				Firm's EIN ▶			
May +	na IRS	Firm's address ► discuss this return with the prepare	r shown ahove? Soo i	inetructions		Phone no.	► ☐ Yes		No
ay ti	1110	allocate this return with the prepare	GIOWII ADOVE: OEE	mondonono			Form 99		



# 990 Filing Clubs with total GROSS revenue of >\$200,000



- WHEN: Deadline October 15<sup>th</sup>
- HOW: File on the IRS website
- WHY: Pension Protection Act of 2006 requires all USA charitable

organizations to file.

WHERE: <a href="http://www.irs.gov/pub/irs-pdf/f990.pdf">http://www.irs.gov/pub/irs-pdf/f990.pdf</a>

### 990 Filing Form 990

ZONTA						
INTERNATIONAL						
DISTRICT 12						
EMPOWERING WOMEN THROUGH SERVICE & ADVOCACY						

Form **990** 

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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.

2014

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For the	the 2014 calendar year, or tax year beginning , 2014, and ending						, 20		
В	Check if	f applicable:	C Name of organization					D Employ	er identification number	
	Address	change	Doing business as							
	Name cl	hange	Number and street (or P.O. box if n	nail is not delivered to street addres	ss) Roo	m/suite		E Telephone number		
	Initial ref	turn								
	Final retu	um/terminated	City or town, state or province, cou							
	Amende	ed return		G Gross re	eceipts \$					
	Application pending F Name and address of principal officer:							oup return for	subordinates? Yes No	
							H(b) Are all s	subordinate	s included? Yes No	
$\overline{}$	Tax-exe	mpt status:	501(c)(3) 501(c)	( ) ◀ (insert no.) 4947(a	)(1) or 52	27	If "N	o," attach a	a list. (see instructions)	
J	Website	e: <b>&gt;</b>					H(c) Group	exemption	number ►	
K	Form of	organization:	Corporation Trust Associ	ation ☐ Other ►	L Year of fo	ormation		M State	of legal domicile:	
Р	art I	Summ	ary							
	1	Briefly de	escribe the organization's mis-	sion or most significant acti	ivities:					
8										
ă										
eLL	2	Check th	is box ▶ ☐ if the organization	discontinued its operations	s or dispos	ed of r	more than	25% of	its net assets.	
ě	3		of voting members of the gov	•				3		
ĕ	4		of independent voting member	* * ,	*			4		
es	5		nber of individuals employed					5		
Activities & Governance	6		nber of volunteers (estimate if	, , , , , , , , , , , , , , , , , , , ,				6		
Ş	7a		elated business revenue from	,,,				7a		
	b		ated business taxable income					7b		
				, , , , , , , , , , , , , , , , , , , ,			Prior Ye	ar	Current Year	
	8	Contribut	tions and grants (Part VIII, line	1h)		. $lacksquare$				
Revenue	9		service revenue (Part VIII, line	,		. —				
e e	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)								
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								
	12		enue-add lines 8 through 11 (			_				
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)								
	14		paid to or for members (Part I							
ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)								
ē	b		draising expenses (Part IX, co	, ,,						
ŭ	17		penses (Part IX, column (A), lin	, ,,						
	18		enses. Add lines 13-17 (must							
	19		less expenses. Subtract line	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
≥ 8		Beginning of C						rrent Year	End of Year	
ets	20	Total ass	ets (Part X, line 16)			. $\square$				
Net Assets or Fund Balances	21		ilities (Part X, line 26)			. $ extstyle  ext$				
훒	22	Net asset	ts or fund balances. Subtract	line 21 from line 20		. $\square$				
P	art II	Signat	ture Block							
			ry, I declare that I have examined this						my knowledge and belief, it is	
tru	e, correc	t, and compl	ete. Declaration of preparer (other tha	n officer) is based on all information	n of which pre	parer ha	s any knowl	edge.		
Siç	gn	Sign	ature of officer				Da	te		
He	re	<b>_</b>								
_			or print name and title							
Pa	id	Print/Ty	pe preparer's name	Preparer's signature		Date		Check	if PTIN	
	epare	er						self-em	ployed	
	e On	. Cimele	ame 🕨				Firm	n's EIN ►		
_			ddress ►				Pho	ne no.		
Ма	y the If	RS discuss	S discuss this return with the preparer shown above? (see instructions)						· · Yes No	
East	Donon	work Body	ation Act Nation and the concr	ata instructions	-	N-4 M- 1	110000		Form 990 (2014)	

### 990 Filing Form 990 Page 2

	90 (2014)				Page 2			
art	Statement of Program Service Check if Schedule O contains	•		 I				
1	Briefly describe the organization's mi		o any mie in mis r are ii					
	Did the organization undertake any s prior Form 990 or 990-EZ?				Yes No			
	If "Yes," describe these new services		cant changes in how	it conducte any program				
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?							
	If "Yes," describe these changes on Schedule O.							
	Describe the organization's program expenses. Section 501(c)(3) and 501 the total expenses, and revenue, if an	(c)(4) organizations are	e required to report the					
1	(Code: ) (Expenses \$	including	grants of \$	) (Revenue \$	)			
	(Code:) (Expenses \$	including	grants of \$	) (Revenue \$	)			
-	(Code: ) (Expenses \$	including	granto of \$	\/Payanya \$	```			
	(Code) (Expenses \$	Including	grants or \$	) (Revenue \$	/			
	Other program services (Describe in	Schedule O.)						
		g grants of \$	) (Revenue \$	)				
е	Total program service expenses ▶							



### 990 Filing Form 990 Page 3



Form 990 (2014)

Part	Checklist of Required Schedules			
			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		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. 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	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 Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
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		
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		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		
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			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a		
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		
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
	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		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		П	
	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	l		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	-
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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.	4.00		
15		14b		
13	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
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		
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		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20	If "Yes," complete Schedule G, Part III	19		
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	990	mer :
		For	n 2929U	r (2014



Form 990 (2014) Page **4** 

Part	Checklist of Required Schedules (continued)			
			Yes	No
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		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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		
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		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	l		
	to defease any tax-exempt bonds?	24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
20d	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b		Lua		
~	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, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
00	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	шЧ	
00	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,	50		
	Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	l		
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
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		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Joa		
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	000	
		Forr	ո 990	(2014)



	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable							
C	reportable gaming (gambling) winnings to prize winners?	1c						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10						
	Statements, filed for the calendar year ending with or within the year covered by this return  2a							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b						
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O							
4a	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)?	4a						
b	If "Yes," enter the name of the foreign country: ▶							
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	-				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	+					
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va						
	gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods							
	and services provided to the payor?	7a						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	required to file Form 8282?	7c		ш				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		-				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	-					
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	-				
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		-				
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8						
9	sponsoring organization have excess business holdings at any time during the year?	P						
a	Did the sponsoring organization make any taxable distributions under section 4966?	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							
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:							
a	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources							
	against amounts due or received from them.)							
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
_	Note. 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							
	the organization is licensed to issue qualified health plans							
C	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b						
		Form	. 990	(2014)				



orm 99	0 (2014)			Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and t	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	Gee ins	tructi	ons.
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
	The state of the s		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	-		
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		-
6 7a	Did the organization have members or stockholders?	6		
ra	one or more members of the governing body?	7a		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	'a	_	
-	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a		
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			
· a a ti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	9	ado l	
ecu	on B. Folicies (This Section B requests information about policies not required by the internal never	ue Co	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
b				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		
b	becomes in constant of the process, it any, accuracy the organization to rotten time remines.			
12a		12a	-	-
b		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		
13	Did the organization have a written whistleblower policy?	13		
14	Did the organization have a written document retention and destruction policy?	14		
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?			
	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
. 04	with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	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		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990. T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990. T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990. T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990. T (Section 6104 requires and 990 required to be filed by the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990. T (Section 6104 required to be filed by the section 6104 required to be filed by the sec	501/	0)/2)/0	onka
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(	ပ)( <b>ၖ</b> )S	only)
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest i	oolicy	, 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 re	cords:	•	



Form 990 (2014) Page **7** 

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an hours per officer and a director/trustee) compensation mpensation from amount of related eek (list an from other compensation hours for the organizations organization (W-2/1099-MISC) from the W-2/1099-MISC organization organization below dotted and related organizations (2) (3) (4) (5) (6) (7) (9) (10)(11)(12)(13) (14)



Part	Section A. Officers, Directors, Trust	ees, Key E	mplo	yees		nd F C)	lighe	st C	compensated E	mployees (	continue	ed)		_
	(A) Name and title	(B) Average hours per week (list any	box, office	unles er and	eck s pe d a d	irect	e than o	tee)	(D) Reportable compensation from	(E) Reportable compensation related	n from amount of		nated unt of	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		fror organ and	ensation in the nization related izations	
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c	Sub-total	-	n A	:	:			<b>*</b> * *						
2	Total number of individuals (including but reportable compensation from the organi	not limited	to th	ose	list	ed	above	e) w	nho received m	ore than \$1	00,000	of		
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete s	ficer, direc						emp	oloyee, or high	est compe	nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual .	greater the	an \$1									4		
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or ind	lividual 	5		
Section	on B. Independent Contractors					_		_				200 (		
	Complete this table for your five highest of compensation from the organization. Repyear.												n's tax	c
	(A) Name and business add	ress							(B) Description of s	ervices	c	(C) compens	ation	
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abo	ove) who				



Form 990 (2014) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . (B) Related or Revenue excluded from tax under sections 512-514 1a Federated campaigns . . . b Membership dues . . . . c Fundraising events . . . . d Related organizations . . . e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f . . . . . f All other program service revenue. g Total. Add lines 2a-2f . . . . . . . . . . Investment income (including dividends, interest, and other similar amounts) . . . . . . . ▶ Income from investment of tax-exempt bond proceeds ▶ 6a Gross rents . . b Less: rental expenses Rental income or (loss) d Net rental income or (loss) . . . . . . . ▶ 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . c Gain or (loss) . . d Net gain or (loss) . . . . . . 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . a b Less: direct expenses . . . . b c Net income or (loss) from fundraising events . > 9a Gross income from gaming activities. See Part IV, line 19 . . . . . a b Less: direct expenses . . . b Net income or (loss) from gaming activities . . . 10a Gross sales of inventory, less returns and allowances . . . a b Less: cost of goods sold . . . b c Net income or (loss) from sales of inventory . . . Miscellaneous Revenue e Total. Add lines 11a-11d . . . . . . . . 12 Total revenue. See instructions. . . . . .



Form 990 (2014) Page **10** 

	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns.	All other organization	ns must complete co	lumn (A).
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
_	, and the state of				
7 8	Other salaries and wages				
•	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
•					
9 10	Other employee benefits				
11	Payroll taxes				
''a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
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				
14	Information technology				
15	Royalties				
16 17	Occupancy				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а					
b					
c					
d					
е	All other expenses Total functional expenses. Add lines 1 through 24e				
25					
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 here   if following SOP 98-2 (ASC 958-720)				



Form 990 (2014) Page **11** Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa			
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing		1	
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 current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
۱_	organizations (see instructions). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9 10a	Prepaid expenses and deferred charges		9	
IVa	other basis. Complete Part VI of Schedule D			
Ь			10c	
11	Investments—publicly traded securities		11	
12	Investments—publicly traded securities		12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)		16	
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	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		26	
	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds .		32	
33	Total net assets or fund balances		33	
34	Total liabilities and net assets/fund balances		34	

ZONTA
INTERNATIONAL
DISTRICT 12
EMPOWERING WOMEN THROUGH SERVICE & ADVOCACY

Form 990 (2014) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI . . . . . . . . . Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . . . . . . . . Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line Part XII Financial Statements and Reporting Yes 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . 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: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? . . . . . . . 2b 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? If the organization changed either its oversight process or selection process during the tax year, explain in 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 

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 in Schedule O and describe any steps taken to undergo such audits.

# WEBSITES

Zonta International

Zonta International District 12



### Zonta International Website

- WHEN: Anytime you have questions regarding your duties or need access to forms.
- HOW: Click on Member Resources Tab Under this tab you'll find manuals, policy information, forms and tools.
- WHY: Why not?
- WHERE: <u>www.zonta.org</u>



# Zonta International Website Resources you can find online

- Member Resources page allows you to update your membe Update Your Member Profile
- Club Treasurers can update information for all club members after submitting Policy on use of member information form.
- All Treasurer required forms are available along with due dates and instructions.
- Treasurer job description.
- Member Report Form B
- Club Liability information.



## District 12 Website



- www.zontadistrict12.org
- Moving forward we are hoping to also include a section to update member contact information only to be able to update the District 12 Directory.
- Online you will only be able to access email addresses for all District 12 club members.

# Thank you for attending!!!

QUESTIONS?????

