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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

- 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

A For the 2011 calendar year, or tax year beginning Aug 1 , 2011, and ending Jul 31 , 2012																																																													
B Check if applicable		C Name of organization GAMMA PHI BETA SORORITY - ZETA OMEGA																																																											
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		D Employer identification number 26-2606514																																																											
		E Telephone number (770) 378-2038																																																											
		F Group Exemption Number																																																											
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____		H Check ► <input checked="" type="checkbox"/> 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 (ck only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (7) <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																																																													
K Check ► <input type="checkbox"/> 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. ► \$ 133,372.																																																													
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 <input checked="" type="checkbox"/>																																																													
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BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

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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	5,260.	22 12,923.
23 Land and buildings	0.	23 0.
24 Other assets (describe in Schedule O)	0.	24 0.
25 Total assets	5,260.	25 12,923.
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)	5,260.	27 12,923.

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? **DEVELOPMENT OF YOUNG WOMEN THROUGH EDUCATION**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

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

28 <u>DEVELOPMENT OF FEMALE UNIVERSITY STUDENTS THROUGH EDUCATION AND COMMUNITY SERVICE</u>			
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	108,870.
29			
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	
30			
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		► <input type="checkbox"/>	32 108,870.

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 address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form 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
KIMBERLY EASTERLING 328 BROOKESHYRE COURT WOODSTOCK GA 30188	PRESIDENT 20.00	0.	0.	0.
KATIE PFLUGRADT 3355 GEORGE BUSBEE PKWY, APT 1607 KENNESAW GA 30144	ADMIN VP 20.00	0.	0.	0.
HANNA FITZGERALD 5860 ASBURY LANE CUMMING GA 30028	FINANCIAL VP 20.00	0.	0.	0.
SHANNON FRANZ 3978 JEFFERSON TWNSHP PKWY MARIETTA GA 30066	EDUCATION VP 20.00	0.	0.	0.
DYANNA SHOUP 2593 DAVIS CIRCLE AUSTELL GA 30168	MEMBERSHIP VP 20.00	0.	0.	0.
TORI HOUGH 36 LATIMER DRIVE KENNESAW GA 30144	PUBLIC REL VP 20.00	0.	0.	0.
KAYLA FLICK 728 AUSTIN CREEK DRIVE SUGAR HILL GA 30518	PANHELLENIC AFFIARS VP 20.00	0.	0.	0.
MIRANDA JONES 1952 LAKESHORE OVERLOOK CIRCLE NW KENNESAW GA 30152	CHAPTER ADVISOR 10.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	Yes	No
33		X	
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	Yes	No
34		X	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	Yes	No
35a		X	
35b	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	Yes	No
35b			
35c	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	Yes	No
35c		X	
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	Yes	No
36		X	
37a	37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0 .	Yes	No
37a			
37b	b Did the organization file Form 1120-POL for this year?	Yes	No
37b		X	
38a	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?	Yes	No
38a			
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	Yes	No
38b			
39	39 Section 501(c)(7) organizations. Enter:	Yes	No
39a	a Initiation fees and capital contributions included on line 9	Yes	No
39a		4,200.	
39b	b Gross receipts, included on line 9, for public use of club facilities	Yes	No
39b		0.	
40a	40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____; section 4955 ► _____	Yes	No
40a			
40b	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	Yes	No
40b			
40c	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. ► _____	Yes	No
40c			
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► _____	Yes	No
40d			
40e	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.	Yes	No
40e		X	
41	41 List the states with which a copy of this return is filed ► Georgia	Yes	No

42a	The organization's books are in care of ► HANNA FITZGERALD	Telephone no ► (770) 378-2038	
	Located at ► 1952 LAKE SHORE OVERLOOK	KENNESAW GA ZIP + 4 ► 30152	
42b	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)?	Yes	No
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.

42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	Yes	No
42c	If 'Yes,' enter the name of the foreign country: ► _____		

43	43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ► 43	Yes	No
	and enter the amount of tax-exempt interest received or accrued during the tax year		
44a	44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	Yes	No
44a		X	
44b	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	Yes	No
44b		X	
44c	c Did the organization receive any payments for indoor tanning services during the year?	Yes	No
44c		X	
44d	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.	Yes	No
44d			
45a	45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	Yes	No
45a		X	
45b	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)	Yes	No
45b		X	

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	X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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	
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49 a	
b If 'Yes,' was the related organization a section 527 organization?	49 b	
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key		

e Total number of other employees paid over \$100,000. ►

e. Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

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	Hanna Fitzgerald Signature of officer	12/04/12 Date			
	HANNA FITZGERALD Type or print name and title	FINANCIAL VICE PRESIDENT			
Paid Preparer Use Only	Print/Type preparer's name Maria L. Handwork, CPA	Preparer's signature Maria L. Handwork, CPA	Date 12/12/12	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00304032
	Firm's name ► Pinnacle Business Advisors			Firm's EIN ► 33-1013522	
	Firm's address ► 2122 Bishop Creek Drive Marietta			Phone no	(770) 361-3093

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.**

Name of the organization

GAMMA PHI BETA SORORITY - ZETA OMEGA

Employer identification number:

26-2606514

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

<u>PROGRAMMING - EDUCATION AND COMMUNITY SERVICE PROJECTS</u>	<u>108,394.</u>
<u>ADMIN/GENERAL - OFFICE EXPENSE, LEADERSHIP TRAINING</u>	<u>16,839.</u>
Total	<u>125,233.</u>
