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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.....	12,923	22	21,092
23 Land and buildings.....	0	23	0
24 Other assets (describe in Schedule O).....	0	24	0
25 Total assets	12,923	25	21,092
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)	12,923	27	21,092

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? SEE ATTACHMENT #1

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

28 SEE ATTACHMENT #2

Expenses

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

(Grants \$) If this amount includes foreign grants, check here . . .

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

30 _____

(Grants \$) If this amount includes foreign grants, check here . . .

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here . . .

31a

32 Total program service expenses (add lines 28a through 31a) ► 32 0

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)	(d) Health benefits, contributions to employee benefit plans, & deferred compensation	(e) Estimated amount of other compensation
SEE ATTACHMENT #3				

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	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X
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	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.	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	4,712
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	40a	
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40c	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	40d	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	X
41 List the states with which a copy of this return is filed ► NONE		
42a The organization's books are in care of ► SEE ATTACHMENT #4 Telephone no ► _____ Located at ► _____	42a	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: ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	X
c 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	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	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	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

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 only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

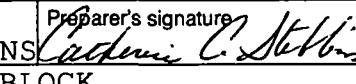
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

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

Sign Here		Date
	► MEAGAN RETTER	FINANCIAL VICE PRESIDENT

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CATHERINE STEBBINS		12-18-14		P01007496
	Firm's name ► H AND R BLOCK			Firm's EIN ► 272974466	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► **Attach to Form 990 or 990-EZ**

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

GAMMA PHI BETA SORORITY - ZETA OMEGA

Employer identification number
26-2606514

THIS IS AN AMENDED FORM

REVENUES, EXPENSES ASSETS AND NET ASSETS HAVE BEEN UPDATED TO REFLECT THE
FINAL FIGURES FOR THE FISCAL YEAR.

990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2012 or tax period beginning

08-01

, and ending

07-31-2013

Name of Organization

GAMMA PHI BETA SORORITY - ZETA OMEGA

Employer Identification Number

26-2606514

Primary Purpose

DEVELOPMENT OF YOUNG WOMEN THROUGH EDUCATION

990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC

INSPECTION For calendar year 2012 or tax period beginning 08-01-2012, and ending 07-31-2013

Name of Organization GAMMA PHI BETA SORORITY - ZETA OMEGA Employer Identification Number 26-2606514

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses
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Exempt Purpose Achievements

DEVELOPMENT OF FEMALE UNIVERSITY STUDENTS THROUGH EDUCATION AND COMMUNITY SERVICE.

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC

INSPECTION For calendar year 2012 or tax period beginning 08-01-2012, and ending 07-31-2013

Name of Organization		Employer Identification Number		
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
ALEXIS ANDERSON PRESIDENT	20.00	0	0	0
KALEIGH GENSEL ADMINISTRATIVE VP	20.00	0	0	0
NANCY JUSTEN EDUCATION VP	20.00	0	0	0
MEAGAN RETTER FINANCIAL VP	20.00	0	0	0
LAUREN SPAGNOLETTA MEMBERSHIP VP	20.00	0	0	0
JAMIE FAVER PANHELLENIC AFFAIRS	20.00	0	0	0
BECCA DUVALL PUBLIC RELATIONS	20.00	0	0	0
DANICA LEMPERT CHAPTER ADVISOR	20.00	0	0	0

990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC	INSPECTION	For calendar year 2012 or tax period beginning	08-01	, and ending	07-31-2013
Name of Organization			Employer Identification Number		
GAMMA PHI BETA SORORITY - ZETA OMEGA			26-2606514		
Part V - Line 42a					

Individual Name MEAGAN RETTER

or

Business Name

Street Address 1952 LAKESHORE OVERLOOK CIRCLE NW

U.S. Address:

Zip code 30152 City KENNESAW State GA
or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (770) 378-2038

Fax Number

2012 DETAIL STATEMENTS

GAMMA PHI BETA SORORITY - ZETA
26-2606514

PAGE 1

STATEMENT #1 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

PROGRAMMING - EDUCATION AND COMMUNITY SRVCE....	115,465
ADMIN/GENERAL - OFFICE EXPENSES, LEADERSHIP....	11,000
BANK FEES.....	5,225
TOTAL CARRIED TO EOEZ PG 1 LINE 16.....	131,690
