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Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

OMB No. 1545-1150

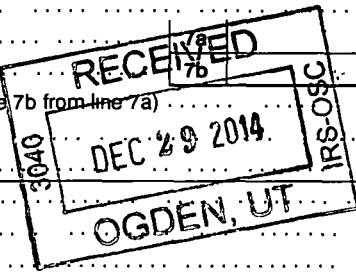
2013

Open to Public
Inspection

► Do not enter Social Security numbers on this form as it may be made public.
► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning <u>AUGUST 01</u>, 2013, and ending <u>JULY 31</u>, 2014		
B Check if applicable	C Name of organization	D Employer identification number
<input type="checkbox"/> Address change	GAMMA PHI BETA SORORITY - ZETA OMEGA	26-2606514
<input type="checkbox"/> Name change	Number & street (or P.O. box, if mail is not delivered to street addr.)	E Telephone number
<input type="checkbox"/> Initial return	3404 WOODLANDS DR	(770) 378-2038
<input type="checkbox"/> Terminated	City or town, state or province, country, and ZIP or foreign postal code	
<input type="checkbox"/> Amended return	SMYRNA GA 30080	
<input type="checkbox"/> Application pending		
G Accounting Method	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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:	► <u>N/A</u>	
J Tax-exempt status (check only one) --	<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(7) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization:	<input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		► \$ <u>155,657</u>

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

REVENUE	EXPENSES	ASSETS / NETS	100% OF 2013
1 Contributions, gifts, grants, and similar amounts received	10 Grants and similar amounts paid (list in Schedule O)	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	1
2 Program service revenue including government fees and contracts	11 Benefits paid to or for members	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	2
3 Membership dues and assessments	12 Salaries, other compensation, and employee benefits	20 Other changes in net assets or fund balances (explain in Schedule O)	3 <u>155,657</u>
4 Investment income	13 Professional fees and other payments to independent contractors	21 Net assets or fund balances at end of year. Combine lines 18 through 20	4
5a Gross amount from sale of assets other than inventory	14 Occupancy, rent, utilities, and maintenance		5c
b Less: cost or other basis and sales expenses	15 Printing, publications, postage, and shipping		
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16 Other expenses (describe in Schedule O)		
6 Gaming and fundraising events	17 Total expenses. Add lines 10 through 16		6d
a Gross income from gaming (attach Schedule G if greater than \$15,000)			
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	18		
c Less: direct expenses from gaming and fundraising events	19	<u>4,280</u>	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	20	<u>1,312</u>	
7a Gross sales of inventory, less returns and allowances	21	<u>250</u>	
b Less: cost of goods sold			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			
8 Other revenue (describe in Schedule O)			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9 <u>155,657</u>
			

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

35

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	21,094	22 21,564
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	21,094	25 21,564
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)	21,094	27 21,564

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 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 SEE ATTACHMENT #2

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

28a

29

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

29a

30

If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

If this amount includes foreign grants, check here

31a

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated -- see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, & 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	9,345
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 ►	40b	X
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		
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		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		
41 List the states with which a copy of this return is filed ► GA		
42a The organization's books are in care of ► SEE ATTACHMENT #4 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)?	42b	X
If "Yes," enter the name of the foreign country: ►		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	X
If "Yes," enter the name of the foreign country: ►		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here	43	► <input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the tax year		
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)?		N/A
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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

Yes	No
47	

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

Yes	No
48	

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

Yes	No
49a	

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

Yes	No
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	(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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations 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	<i>Meagan Retter</i>		FINANCIAL VICE PRESIDENT
	Signature of officer	Date	
	MEAGAN RETTER		
Type or print name and title			

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CATHERINE STEBBINS	<i>Catherine J. Stebbins</i>	12-18-2014		P01007496
	Firm's name	H AND R BLOCK	Firm's EIN	272974466	
Firm's address	1200 BARRETT PKWY NW	Phone no.	770-425-3329		

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

990 PRIMARY EXEMPT PURPOSE

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

OPEN TO PUBLIC

INSPECTION

For calendar year 2013, or tax period beginning

08-01

, and ending

07-31-2014

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 2013, or tax period beginning 08-01-2013, and ending 07-31-2014

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
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 2013, or tax period beginning	08-01-2013, and ending	07-31-2014.
Name of Organization		Employer Identification Number	
GAMMA PHI BETA SORORITY - ZETA OMEGA		26-2606514	
(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.
ALEXIS ANDERSON PRESIDENT	20.00	0	0
KALEIGH GENSEL ADMIN VP	20.00	0	0
NANCY JUSTEN EDUCATION VP	20.00	0	0
MEAGAN RETTER FINANCIAL VP	20.00	0	0
LAUREN SPAGNOLETTA MEMBERSHIP VP	20.00	0	0
JAMIE FAVER PANHELLENIC AFFAIRS	20.00	0	0
BECCA DUVALL PUBLIC RELATIONS VP	20.00	0	0
DANICA LEMPERT CHAPTER ADVISOR	10.00	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 2013, or tax period beginning	08-01	, and ending	07-31-2014.
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 LAKE SHORE 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

2013 DETAIL STATEMENTS

GAMMA PHI BETA SORORITY - ZETA
26-2606514

PAGE 1

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

PROGRAMMING - EDUCATION AND COMMUNITY SERVIC...	132,844
ADMIN/GENERAL - OFFICE EXPENSES, LEADERSHIP....	11,901
BANK FEES.....	4,600
TOTAL CARRIED TO EOEZ PG 1 LINE 16.....	149,345
