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

OMB No 1545-1150

**2009****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning **January 1**, 2009, and ending **December 31**, 20 **09****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization**Alpha Gamma Zeta House Corporation**

Number and street (or P.O. box, if mail is not delivered to street address)

p.o. box 354

City or town, state or country, and ZIP + 4

Freeman, SD 57029 + 354

Room/suite

**D** Employer identification number

36-3464345

**E** Telephone number

605.925.7811

**F** Group Exemption Number ►

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting Method: ☒ Cash ☐ Accrual  
Other (specify) ►**I** Website: ► none**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) — ☒ 501(c) ( 7 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; If \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **20,099****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	8590
<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	
<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	
<b>4</b>	Investment income . . . . .	<b>4</b>	509
<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
<b>5b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
<b>6</b>	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
<b>6a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	<b>6a</b>	11,000
<b>6b</b>	Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>	16,682
<b>6c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>	(5682)
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
<b>7b</b>	Less: cost of goods sold . . . . .	<b>7b</b>	
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	
<b>8</b>	Other revenue (describe ► _____ )	<b>8</b>	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	<b>9</b>	3417
<b>10</b>	Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	
<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	
<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	
<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	1371
<b>16</b>	Other expenses (describe ► _____ )	<b>16</b>	
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	1371
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	2046
<b>19</b>	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) . . . . .	<b>19</b>	
<b>20</b>	Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	
<b>21</b>	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .	<b>21</b>	

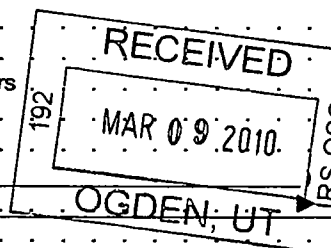
**Part II Balance Sheets.** If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	71394	69,730
<b>23</b> Land and buildings . . . . .	280,000	272,000
<b>24</b> Other assets (describe ► _____ )		
<b>25</b> <b>Total assets</b> . . . . .		
<b>26</b> <b>Total liabilities</b> (describe ► _____ )		
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	351,394	341,730

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2009)EXPENSES  
SCANNED MAR 29 2010  
REVENUE

85 14

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See the instructions for Part III.)
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## Expenses

**What is the organization's primary exempt purpose?**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

<b>28</b>	<b>This organization's objective is to operate and manage an undergraduate fraternity designed to enhance and facilitate the learning process at the University of South Dakota</b>		
	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	<b>28a</b>	
<b>29</b>			
	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	<b>29a</b>	
<b>30</b>			
	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	<b>30a</b>	
<b>31</b>	<b>Other program services (attach schedule) . . . . .</b>		
	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	<b>31a</b>	
<b>32</b>	<b>Total program service expenses (add lines 28a through 31a) . . . . . ▶</b>	<b>32</b>	

**Part IV** **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		✓
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		✓
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		✓
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		✓
<b>36</b>	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 . . . . .		✓
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> none		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
<b>38a</b>	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 period covered by this return? . . . . .		✓
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> 11,000		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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 . . . . .		✓
<b>c</b>	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 . . . . . ▶		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
<b>e</b>	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. . . . .		✓
<b>41</b>	List the states with which a copy of this return is filed. ▶		
<b>42a</b>	The organization's books are in care of ▶ Telephone no. ▶ Located at ▶ ZIP + 4 ▶		
<b>b</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
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		✓
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		✓
	If "Yes," enter the name of the foreign country: ▶		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	Yes	No
			✓
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓

**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 46–49b and complete the tables for lines 50 and 51.

- |  | Yes        | No                                  |
|--|------------|-------------------------------------|
| <b>46</b> 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 . . . . . | <b>46</b>  | <input checked="" type="checkbox"/> |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | <b>47</b>  | <input checked="" type="checkbox"/> |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | <b>48</b>  | <input checked="" type="checkbox"/> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <b>49a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | <b>49b</b> | <input checked="" type="checkbox"/> |

**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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
none				

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

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

(a) Name and 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 . . . . . ▶

<b>Sign Here</b>	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.			
	Signature of officer		Date	
	Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
				Phone no.

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

# Schedule B / Contributors

These contributions are non-tax deductible

ETIN # 36-3464343

Date	Name	address	city	state	zip
3/2/2009	Tom Aman	P.O. Box 38	Aberdeen	SD	57402
	John Leuthold	603 Ely Dr.	Carroll	IA	51401
	James D. Huntsinger	221 S. Phillips Ave	Sioux Falls	SD	57104
	Michael R. McMonagle	15923 Spring ST	Omaha	NE	68130
	Joel Konrad	898 Sterling Ave	Geneva	IL	60134
	Jerome Lammers	P.O. Box 45	Madison	SD	57042
	Arlo Sommervold	1610 S. Minn. Ave	Sioux Falls	SD	57101
	C.H. Pancoast	1409 Lexington	Cape Girardeau	MO	63701
	C. W. Wetzeler	805-25th ST	Spirit Lake	IA	51360
	Lon Cross	3300 Louisiana Ave. S Apt 52	St. Louis Park	MN	55426
	Ryker Lammers	13620 94th N.E.	Kirkland	WA	98034
	Herb Jones	1308 S. Lindenwald Dr.	Sioux Falls	SD	57106
	Robert Anderson	527 Prairie Passage	Dakota Dunes	SD	57049
3/5/2009	Steven Holm	3465 Airport Road	Portage	IN	46368
	Roger Roskens	2702 Becky Thatcher Rd	Muscatine	IA	52761-9757
	Logan Lamphere	P.O. Box 445	Sturgis	SD	57785
	Harry Roberts	78 Palm Blvd	Missouri City	TX	77459
	Bradley Hammer	880 Polk Blvd	Des Moines	IA	50312
	Allen Brown	P.O. Box 100	Dell Rapids	SD	57022
	Dennis Mitchell	39831-117th St	Houghton	SD	57449
	William Tobin	602 S. 10th Av	Rock Rapids	IA	51246
4/6/2009	Blake Duerre	4719 Coventry Rd E	Minnetonka	MN	55345
	Richard Colwell	34 Cleveland Hill Rd	Brookline	NH	3033
	Larry Swick	HC 64 Box 43	Batesland	SD	57716
	Thomas Froning	2843 Southgate Rd	Fargo	ND	58103
	Dean Rasmussen	915 Collins Dr	West Chester	PA	19380-4334
	Steve Pint	12421 Sagamore Rd.	Leawood	KS	66209
	Clark Hurrell	331 Senate Ct.	Saint Charles	MO	63303-8445
	Thomas George	3818 SW 313th St.	Federal Way	WA	98023

Date	Name	address	city	state	zip
#####	Scott Walk	p.o. box 951	EastLake	CO	80614
	Alan Pearson	p.o. box 1087	Watertown	SD	57201
	Tony Macke	514 N. Illinois	Lake City	IA	51449
	Charles Cooper	P.o. box 6944	Tamunning	GU	96931
	Paul Amundson	4917 S. Sunflower Trl	Sioux Falls	SD	57108
	Milt Husby	1504 S. Park Ave	Sioux Falls	SD	57105
	R. D. Paterson	7284 Secret Garden Loop	Roseville	CA	95747
	James Baird	22439 County Rd W	Fort Morgan	CO	80701-9318
	Thomas Loofe	3908 S. Florence Ave	Sioux Falls	SD	57103
	Richard Absher	110 Emory Lane	Oak Ridge	TN	37830
	Lyle Castle	1203 Payne Ave	Batavia	IL	60510
	Ryan Griffith	3815 Ridgemoor Dr	Rapid City	SD	57702
	Clark Young	327 N. Pine St	Vermillion	SD	57069