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

OMB No 1545-1150

2011**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, 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 January 1, 2011, and ending December 31, 2011

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
Alpha Gamma Zeta House Corp
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P.O. Box 354
 City or town, state or country, and ZIP + 4
Freeman, SD 57029 +0354

D Employer identification number
36-3464345

E Telephone number
605.925.7811

F Group Exemption Number ►

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ► none

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (7) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ 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 \$ 24,319

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	1	Contributions, gifts, grants, and similar amounts received	1	24,570
	2	Program service revenue including government fees and contracts	2	2,196
	3	Membership dues and assessments	3	
	4	Investment income	4	(2,447)
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
Expenses	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	24,319
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
Net Assets	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	50,726
	15	Printing, publications, postage, and shipping	15	224
	16	Other expenses (describe in Schedule O)	16	
	17	Total expenses. Add lines 10 through 16	17	50,950
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(26,631)
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)	19	331,708	
20	Other changes in net assets or fund balances (explain in Schedule O)	20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	305,077	

For Paperwork Reduction Act Notice, see the separate instructions.

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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	68,721	22 20,817
23	Land and buildings	262,987	23 284,260
24	Other assets (describe in Schedule O)		24
25	Total assets	331,708	25 305,077
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	231,708	27 305,077

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?

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

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 ☐

[illegible]

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	<input type="checkbox"/>	<input type="checkbox"/>
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	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 ▶		
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ <u>Scott Steen</u> Telephone no. ▶ <u>605.925.7811</u> Located at ▶ <u>1103 S Dowd St, Freeman, SD</u> ZIP + 4 ▶ <u>57029-0354</u>		
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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- 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		<input checked="" type="checkbox"/>

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 ☐

- 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		<input checked="" type="checkbox"/>
48		<input checked="" type="checkbox"/>
49a		<input checked="" type="checkbox"/>
49b		<input checked="" type="checkbox"/>

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

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

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

- 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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 ▶

- 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	Signature of officer <i>Scott Stern</i>	Date <i>3/3/11</i>
	Type or print name and title <i>Scott Stern, Sec-Treas</i>	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

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

6/29/2011	Leonard Richter	1024 Borgert Ave. N	St. Cloud MN	56303	\$ 1,350.00	1350.00
	Gaylord "Ralph" Ave	3710 Arizona	Rapid City SD	57701	\$ 250.00	
	Harry Christianson	516 5th St.	Rapid City SD	57701	\$ 1,000.00	
	Lawrence C. Glessir	105 S. 9th St	Milbank SD	57252-2104	\$ 50.00	
	Allen Brown	311 E. 10th. P.O. Box 10c Dell Rapids	SD	57022-0100	\$ 300.00	532
	Fred Romkema	240 Fairway Dr.	Spearfish SD	57783	\$ 250.00	
					\$ 2,100.00	2100.00
7/30/2011	Logan Lamphere	po box 445	Sturgis SD	57785	\$ 250.00	
	Charles Cooper	po box 6944	Tamuning GU	96931	\$ 250.00	
	Thomas Assmus	10 Wild Turkey LN	Littleton CO	80127	\$ 250.00	
	Thomas Conway	4511 33rd St. N.	Arlington VA	22207-4420	\$ 250.00	
	Kip Wagner	12028 Oak Drive	Whitewood SD	57793	\$ 300.00	
	Charles Parkinson	4021 Canyon Dr.	Rapid City SD	57702	\$ 250.00	
	Richard Holm	724-5th St.	Brookings SD	57006	\$ 250.00	
	Richard Brownell	po box 67	Wakefield NE	68784	\$ 250.00	
	Vernon Halter	po box 389	Willow AK	99688-0389	\$ 250.00	
	Dennis Mitchell	39831-117th St.	Houghton SD	57449	\$ 250.00	
	Bill Baker				\$ 250.00	
				Total	\$ 2,800.00	2,800.00
9/9/2011	Douglas R. Jones	24456 E. Louisiana Cir.	Aurora CO	80018-6064	\$ 250.00	
	Jeffrey Thuringer	1310 Knoll Dr.	Shakopee MN	55379	\$ 750.00	
					\$ 1,000.00	1,000.00
9/29/2011	Thane Johnson	7506 W. 58th St.	Sioux Falls SD	57106	\$ 300.00	300.00
10/1/2011	Richard Hinseth	via paypal			\$ 250.00	
	Christopher Kirkeby	via paypal			\$ 250.00	
	Kurt Johnson	via paypal			\$ 250.00	750.00
10/8/2011	Reagan Clemensen	724 E. 61st	Sioux Falls SD	57108-4620	\$ 150.00	

Wilson Kleibacker	1019 Twin Oaks Dr.	Madison SD	57042-3708	\$ 50.00
Brian Darnell				\$ 300.00
Uldis Sutka	p.o. box 75	S. Milwauk WI	53172	\$ 50.00
Louis H. Hogrefe	126 Basil St.	Encinitas CA	92024	\$ 250.00
Richard Holm	724-5th St.	Brookings SD	57006	\$ 250.00
Col. James C. Bowd	448 Monaco Dr.	Punta Gort FL	33950-7842	\$ 100.00
James C. McGrann	48024 Lazy Oaks Circle	Sioux Falls SD	57108-8212	\$ 50.00
Frank Trotman	502 E. Lakeshore Dr.	Edelsteine IL	61526	\$ 250.00
Karlton Adam	123 N. Adams	Pierre SD	57501	\$ 100.00
Brad Delperdang				\$ 50.00
				\$ 1,600.00
				1600.00
Thane Johnson	7506 W. 58th St.	Sioux Falls SD	57016	\$ 50.00
Edward Pluimer				\$ 50.00
Mark Bradshaw	573 Highway 35	Dakota Cit NE	68731	\$ 250.00
Dr. Loren H. Amund	4416 W. Creekside Dr.	Sioux Falls SD	57106 AG 459	\$ 250.00
##### John Leuthold	603 Ely Drive	Carroll IA	51401	\$ 250.00
				\$ 50.00
##### Alan Pearson	po box 1987	Watertown SD	57201	\$ 500.00
Richard Hakes	po box 603	Storm Lake IA	50588	\$ 50.00
David Quinn	6011 166th Cir.	Omaha NE	68135	\$ 100.00
Glen Severson	1200 N. Vail Dr.	Sioux Falls SD	57110-5700	\$ 250.00
Gary Davis	1809 Laurel Rd	Oceanside CA	92054	\$ 250.00
Brian Darnall	1100 8th St.	Brookings SD	57006	\$ 200.00
Charles Parkinson	4021 Canyon Dr.	Rapid City SD	57702	\$ 250.00
Edward Pluimer	2020 Penn Ave. S.	Minneapolis MN	55405	\$ 250.00
Harry Christiansom	516 5th St.	Rapid City SD	57701	\$ 1,000.00
Louis Hogrefe	126 Basil St.	Encinitas CA	92024	\$ 250.00
Doyle Estes	po box 330	Rapid City SD	57709	\$ 250.00
William Bowen	1911 8th Ave NE	Aberdeen SD	57401	\$ 250.00
				\$ 3,600.00
				3600.00
12/5/2011 Davis Huffman	2316 South Saint Aubin	Sioux City IA	51106	\$35.00
Jeffrey Esbenshade	44 N Ranch RD.	Littleton CO	80127	\$35.00

Nelson					\$35.00
Markworth					\$35.00
Shreves					\$35.00
Vondrak					\$35.00
Schumacher					\$35.00
Thomas C Adam	215 W Broadway	Pierre	SD	57501	\$50.00
C.W. Wetzeler	805-25th St.	Spirit Lake	IA	51360	\$50.00
Craig A. Connell	107 Alexander Lane	Pierre	SD	57501	\$50.00
James Morrison	45787-304th	Wakonda	SD	57073	\$50.00
Brian Stern	312 Lyncrest Trail	Sioux Falls	SD	57108	\$50.00
Johns Jones	3001 W 33rd St Unit 301	Sioux Falls	SD	57105	\$50.00
Thomas Loofe	3908 S Florence Ave.	Sioux Falls	SD	57103	\$50.00
WM G Tobin	602 S 10th Av	Rock Rapids	IA	51246	\$50.00
W.L. Baker					\$100.00
					\$745.00

745.00

24,570