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990-EZForm Department of the Treasury
Internal Revenue Service**Short Form
Return of Organization Exempt From Income Tax**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.

OMB No 1545-1150

2011**Open to Public
Inspection****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 organizationAlpha Gamma Zeta House Corp

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

P.O. Box 354

Room/suite

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) ►**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

1	Contributions, gifts, grants, and similar amounts received	1	<u>24,570</u>
2	Program service revenue including government fees and contracts	2	<u>2,196</u>
3	Membership dues and assessments	3	
4	Investment income	4	<u>(2,447)</u>
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	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	
c	Less: direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	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	<u>24,319</u>
10	Grants and similar amounts paid (list in Schedule O)	10	
11	Benefits paid to or for members	11	
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	<u>50,726</u>
15	Printing, publications, postage, and shipping	15	<u>224</u>
16	Other expenses (describe in Schedule O)	16	
17	Total expenses. Add lines 10 through 16 ►	17	<u>50,950</u>
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>(26,631)</u>
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	<u>331,708</u>
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	<u>305,077</u>

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

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	68,721	20,817
23 Land and buildings	264,987	284,260
24 Other assets (describe in Schedule O)		24
25 Total assets	331,708	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)	331,708	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.

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.)

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29 [View](#) [Edit](#) [Delete](#) [Add](#) [Import](#) [Export](#) [Print](#) [Logout](#)

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

29a

30 [View](#) [Edit](#) [Delete](#) [Details](#) [Print](#)

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(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)

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 (Forms 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
David Landry Sioux City, SD 57103	Pres(1)	-0-	-0-	-0-
Jeff Esben-Hade 4401 12th St. Denver, CO 80216	V-Pres(1)	-0-	-0-	-0-
Scott Starn P.O. Box 3344 Freeman, SD 57108	Sec-Treas(1)	-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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

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

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

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

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

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a

b Did the organization file Form 1120-POL for this year?

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

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

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 ► _____ 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

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

41 List the states with which a copy of this return is filed. ►

42a The organization's books are in care of ► *Scott Steen* Telephone no. ► *605 925 7811*
Located at ► *1103 S Donald St, Freeman, SD* ZIP + 4 ► *57029-0354* 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)?

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.?

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 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

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

c Did the organization receive any payments for indoor tanning services during the year?

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 44c

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

	Yes	No
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	46	✓

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	✓
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 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	▶	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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	Date
	Scott Stern, Sec-Treas	3/3/11
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
	Firm's name	Firm's EIN		Phone no	
	Firm's address				

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

1350.00

\$ 1,350.00

6/29/2011	Leonard Richter	1024 Borgert Ave. N	St. Cloud MN	56303	\$ 250.00
	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. Giessir	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
	Fred Romkema	240 Fairway Dr.	Spearfish SD	57783	\$ 250.00

2120.00

\$ 2,100.00

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	Whiteoak 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

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

1,250.00

\$ 1,250.00

300.00

\$ 300.00

750.00

\$ 750.00

750.00

\$ 750.00

\$ 150.00

\$ 150.00

57108-4620

57108-4620

10/8/2011 Reagan Clemensen 724 E. 61st

Wilson Kleibacker	1019 Twin Oaks Dr.	Madison	SD	570442-3708	\$ 50.00
Brian Darnell		S. Milwaukee WI		53172	\$ 300.00
Uldis Sutka	p.o. box 75	Encinitas CA		92024	\$ 50.00
Louis H. Hogrefe	126 Basil St.	Brookings SD		57006	\$ 250.00
Richard Holm	724-5th St.	Punta Gorda FL		33950-7842	\$ 250.00
Col. James C. Bowd	448 Monaco Dr.	Sioux Falls SD		57108-8212	\$ 100.00
James C. McGrann	48024 Lazy Oaks Circle	Edelstein IL		61526	\$ 50.00
Frank Trotman	502 E. Lakeshore Dr.	Pierre SD		57501	\$ 250.00
Karlton Adam	123 N. Adams				\$ 100.00
Brad Delperdang					\$ 50.00
					\$ 1,600.00
					1,600.00
Thane Johnson	7506 W. 58th St.	Sioux Falls SD		57016	\$ 50.00
Edward Pluimer		Dakota City NE		68731	\$ 50.00
Mark Bradshaw	573 Highway 35	Sioux Falls SD		57106 AG 459	\$ 250.00
Dr. Loren H. Amund	4416 W. Creekside Dr.				\$ 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
					3,600.00
12/5/2011 Davis Huffman	2316 South Saint Aubin	Sioux City IA		51106	\$35.00
Jeffrey Ebsenshade	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	57501
C.W. Wetzeler	805-25th St.	51360
Craig A. Connell	107 Alexander Lane	57501
James Morrison	45787-304th	57073
Brian Stern	312 Lyncrest Trail	57108
Johns Jones	3001 W 33rd St Unit 301	57105
Thomas Loofe	3908 S Florence Ave.	57103
WM G Tobin	602 S 10th Av	51246
W.L. Baker		
		\$745.00

745.00
 24,570
 745.00