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## Short Form

OMB No 1545-1150

## Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

- 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](http://www.irs.gov/form990).

A For the 2013 calendar year, or tax year beginning **January 1**, 2013, and ending **December 31**, 2013

B Check if applicable	C Name of organization		D Employer identification number
<input type="checkbox"/> Address change	Alpha Gamma Zeta House Corporation		36-3464345
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number
<input type="checkbox"/> Initial return	2731 E. Capricorn Pl.		605.661.5838
<input type="checkbox"/> Terminated	City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number ►
<input type="checkbox"/> Amended return	Chandler, AZ 85249		
<input type="checkbox"/> Application pending			
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►			H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: ►			
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. ► \$			

## 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 23750
	2 Program service revenue including government fees and contracts . . . . .	2 18850
	3 Membership dues and assessments . . . . .	3
	4 Investment income . . . . .	4
	5a Gross amount from sale of assets other than inventory . . . . .	5a 0
	b Less: cost or other basis and sales expenses . . . . .	5b 0
	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 0
	b Gross income from fundraising events (not including \$ 0 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 0
	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) . . . . .	
	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) . . . . .	
	8 Other revenue (describe in Schedule O) . . . . .	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► . . . . .	9 42600
Expenses	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 45529
	15 Printing, publications, postage, and shipping . . . . .	15 47
	16 Other expenses (describe in Schedule O) . . . . .	16
	17 Total expenses. Add lines 10 through 16 ► . . . . .	17 45576
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 (2976)
	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 296666
	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 293690

**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
<b>22</b>	Cash, savings, and investments . . . . .	6166	<b>22</b> 15766
<b>23</b>	Land and buildings . . . . .	290500	<b>23</b> 277924
<b>24</b>	Other assets (describe in Schedule O) . . . . .	24	
<b>25</b>	<b>Total assets</b> . . . . .	<b>296666</b>	<b>25</b> 293690
<b>26</b>	<b>Total liabilities</b> (describe in Schedule O) . . . . .	26	
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must agree with line 21</b> ) . . . . .	296666	<b>27</b> 293690

**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 . . .

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### 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	..... .....		
29	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	
30	..... .....		
31	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	
32	Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . . ► <input type="checkbox"/>	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

**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? 37b

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 40c

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 40d

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e

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 40f

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

42a The organization's books are in care of ► Scott Stern Telephone no. ► 605.661.5838  
Located at ► 2731 E. Capricorn Place Chandler, AZ 85249 ZIP + 4 ► 85249

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

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? 44c

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

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
33	<input checked="" type="checkbox"/>	
34	<input checked="" type="checkbox"/>	
35a	<input checked="" type="checkbox"/>	
35b	<input checked="" type="checkbox"/>	
35c	<input checked="" type="checkbox"/>	
36	<input checked="" type="checkbox"/>	
37a		
37b	<input checked="" type="checkbox"/>	
38a	<input checked="" type="checkbox"/>	
38b		
39a		
39b		
40b	<input checked="" type="checkbox"/>	
40c		
40d		
40e	<input checked="" type="checkbox"/>	
40f		
41		
42a		
42b	<input checked="" type="checkbox"/>	
42c	<input checked="" type="checkbox"/>	
43		
44a		
44b	<input checked="" type="checkbox"/>	
44c	<input checked="" type="checkbox"/>	
44d	<input checked="" type="checkbox"/>	
45a	<input checked="" type="checkbox"/>	
45b	<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.

**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."		

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

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.

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.

<b>Sign Here</b>	<p>Signature of officer</p> <p>Type or print name and title</p>	Date
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<b>Paid Preparer Use Only</b>	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

Schedule B contributions

36-3464345

1/1/2013	Van Carmody	4204 S. Highland Ave.	Sioux Falls	SD	57103	\$ 100.00	
	Arlo Sommervold	1101 E. Tomar Rd	Sioux Falls	SD	57105-7011	\$ 50.00	
	Craig Connell	107 Alexander Lane	Pierre	SD	57501	\$ 50.00	
	Ryker Lammers	13620 94th Ave NE	Kirkland	WA	98034	\$ 250.00	
	Fred Romkema	240 Fairway Dr.	Spearfish	SD	57783	\$ 50.00	
	Gerry T. Boocook	2 Oceans W. Blvd. Apt 900	Daytona Beach	FL	32118-7940	\$ 200.00	
	David Landry	6816 W. Stoney Creek St.	Sioux Falls	SD	57106-4627	\$ 100.00	
	Brian Landry					\$ 100.00	
	James Morrison	45787 304th St	Wakonda	SD	57073	\$ 500.00	
	Lyle Castle	1203 Payne Ave	Batavia	IL	60510	\$ 500.00	
	Blake Duerre	4719 Coventry Rd. E	Minnetonka	MN	55345	\$ 50.00	
	Richard Patterson	7284 Secret Garden Loop	Roseville	CA	95747	\$ 50.00	
	William Rezac	3212 S. Newcastle Ct.	Sioux Falls	SD	57110	\$ 50.00	
	Robert Karlén	6262 E. 41st Ct.	Anchorage	AK	99504-4412	\$ 100.00	
	Richard Holm	724-5th St.	Brookings	SD	57006	\$ 100.00	
						\$ 2,250.00	
1/5/2013	Tom Aman	Box 38	Aberdeen	SD	57402	\$ 50.00	
	Jerry Novotny	2109 SW Hartley	Gresham	OR	97060	\$ 50.00	
	Ed Pluimer	2020 Penn Ave.	Minneapolis	MN	55405	\$ 150.00	
	Thomas Conway	4511 33rd. St. N.	Arlington	VA	22207-4420	\$ 50.00	
	Robert Murphy	2962 28th. Ave. S.	Fargo	ND	58103-5076	\$ 250.00	
						\$ 550.00	
	Overall Total						
1/11/2013	Roger Moen	10231 Windsor Way	Naples	FL	34109	\$ 100.00	
	Bob Murphy	2962 28th Ave S	Fargo	ND	58103-5076	\$ 100.00	
	John Moisan	709 Two Rivers St	Ft. Pierre	SD	57532-2046	\$ 50.00	
	Louis Hogrefe	126 Basil St.	Encinitas	CA	92024	\$ 500.00	
	Roger Sullivan	99 Economou Farm Rd	South Burlingto	VT	54030	\$ 500.00	
	William Tobin	602 S 10th Ave.	Rock Rapids	IA	51246	\$ 50.00	
	Charles Cooper	PO box 6944	Tamuning	GU	96931	\$ 50.00	
						\$ 1,350.00	\$ 1,350.00



2/18/2013	Richard Absher Joseph Fergen Lawrence Giessinger " " "	110 Emory Lane 700 Woodridge Dr. 105 S. 9th St	Oak Ridge Mendota Height Milbank	TN MN SD	37830 55118-1810 57252-2104	\$ 50.00 \$ 50.00 \$ 50.00
E. Paul Amundson	4917 Sunflower Trail	Sioux Falls	SD		57108	\$ 100.00 \$ 250.00 \$ 500.00
2/25/2013	Larry Jorgenson John Wollner Jerome B. Lammers	PO Box 3103 716 5th Ave. SE PO Box 46	Jackson Cedar Rapids Madison	WY IA SD	83001-3103 52401-1916 57042	\$ 50.00 \$ 100.00 \$ 550.00
3/25/2013	Fred Romkema Ken Buell Doug Estes Bryan Bennett Dr Tom Carpenter Steven Beyer Charles Cooper Patrick Gulbranson Wilson Kleibacker Douglas Jones	240 Fairway Dr. 721 Kastner Dr. 14136 Hacker Loop 16350 W. Ellsworth Ave 16132 4th St. E 7401 E. Arlington RD. PO box 6944 2210 Sugar Creek Lane 1019 Twin Oaks Dr. 24456 E. Louisiana Cir.	Spearfish Holstein Rapid City Golden Redington Beach Scottsdale Tumuning Marshalltown Madison Aurora	SD IA SD CO FL	57783 51025 57702 80401 33708-1614 85250 GU 96931 IA SD CO	\$ 150.00 \$ 200.00 \$ 100.00 \$ 50.00 \$ 100.00 \$ 200.00 \$ 100.00 \$ 100.00 \$ 100.00 \$ 100.00 \$ 250.00
4/22/2013	Jack J. Nichols Logan Lamphere	PO Box 445	Sturgis	SD	57785	\$ 25.00 \$ 250.00
5/19/2013	Dr. Charles A. Lewis James Baird Allen Brown	20722-76 Loop 22439 County Rd. W Po Box 100	Sturgis Fort Morgan Dell Rapids	SD CO SD	57785 80701 57022-100	\$ 50.00 \$ 50.00 \$ 350.00

Terry Schmidt	727 E. Inverness DR	Sioux Falls	SD	57108-4673	\$ 50.00	\$ 500.00	500
6/1/2013 David Janak	6880 Brighton St.	Summerset	SD	57718	\$ 100.00		
7/6/2013 Steve Ochsner	Kurt or Jeannette Cami 17126 W. 61st. Pl	Arvada	CO		\$ 300.00		
Harry Roberts					\$ 300.00		
Steve Fendrich					\$ 600.00		
Chuck Nelson					\$ 500.00		
Kip Wagner					\$ 300.00		
Dr. Tom Carpenter					\$ 300.00		
David Landry					\$ 300.00		
					\$ 500.00		
Scott Stern	1205 S. Montepeller Ave.	Sioux Falls	SD	57106-7796	\$ 300.00		
Ben Mahowald	2105 Pebble Beach Lane	Brandon	SD	57005	\$ 300.00		
G. Kevin Kane	18237 Gladstone Blvd N	Maple Grove	MN	55311-1100	\$ 300.00		
Scott Endres					\$ 4,300.00		
					4300		
8/9/2013 William Adam	2105 Mustang Ln.	Spearfish	SD	57783	\$ 50.00		
Charles Pancoast	1409 Lexington Ave	Cape Girardeau	MO	63701-2628	\$ 50.00		
Matthew J. Ballard	5804 W. Bristol Dr	Sioux Falls	SD	57106	\$ 50.00		
JW Abbott	414 E. Clark St.	Vermillion	SD	57069	\$ 50.00		
David Hurrell	3081 Dartmouth Dr.	Excelsior	MN	55331-7850	\$ 100.00		
Tom Aman	PO Box 38	Aberdeen	SD	57402	\$ 100.00		
Wm G. Tobin	602 S. 10th Av.	Rock Rapids	SD	51246	\$ 50.00		
Ryker J. Lammers	13620 94th. Ave. NE	Kirkland	WA	98034	\$ 300.00		
Jeffrey K. Williams	3210 Valley Ridge Ct.	W. Des Moines	IA	50265-5751	\$ 50.00		
					Total	\$ 800.00	800
8/24/2013 James F. Hart	6388 Harbor Way Lot A	Wentworth	SD	57075-7372			
E. Paul Amundson	4917 Sunflower Lane	Sioux falls	SD	57108			
Dennis M. Daugard	119 N Washington	Pierre	SD	57501			
					100		
					250		
					100		



\$ 300.00	
\$ 500.00	
\$ 250.00	
<b>\$ 4,000.00</b>	<b>4000</b>

Dr. Tom Carpenter      PO Box 1087  
Alan Pearson      15038 Bryn Mawr Dr.  
Thomas Gulbranson      Clive

Watertown      SD 57201-6087  
IA 50325-4543

**Total**

23750