(Rev. January 2020)

**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. 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www ire gov/Form990 for instructions and the latest information

Open to Public

| _                                  |              | 0040 ania  |  | gov/Forms50 for instru                | <del></del>                           |                            | uon.   |                   | mspection                 |  |  |
|------------------------------------|--------------|--|--|---------------------------------------|---------------------------------------|----------------------------|--|-------------------|---------------------------|--|--|
|                                    |              |  | dar year, or tax year beginning  |                                       | , 2019, and end                       | ing                        |  |                   | , 20                      |  |  |
| В                                  | Check if a   | pplicable:                                       | C Name of organization ALPHA   | GAMMA RHO ALUN                        | MNI ASSOC.                            | <u> </u>                   |  |                   | identification number     |  |  |
|                                    | Address of   | hange  | Doing business as  | ····                                  |                                       |                            | 4  | 16-0284           | 739                       |  |  |
|                                    | Name cha     | ange   | Number and street (or P.O. box   | if mail is not delivered to str       | reet address)                         | Room/suite                 |  | E Telephone       |                           |  |  |
|                                    | Initial retu | m  | PO BOX 8043  |                                       | (605) 69                              | 5-9459                     |  |                   |                           |  |  |
|                                    | Final retur  | n/terminated                                     | i  |                                       |                                       |                            |  |                   |                           |  |  |
|                                    | Amended      | return   | BROOKINGS, SD 570  | 06                                    |                                       |                            |  | Gross rece        | ipts \$ 66,170.           |  |  |
|                                    | Application  | n pending  | F Name and address of principal o  | fficer:                               |                                       | H(a) !                     | ls this a group  | p return for subc | ordinates? Yes X No       |  |  |
|                                    |              |  | KEITH GOEHRING, PO   | BOX 8043, BROO                        | KINGS, SD 57                          | <u>ეე</u> 6 <b>н(ъ</b> ) / | Are all sub  | ordinates inc     | cluded? Tyes No           |  |  |
| I Tax-exempt status: \ _ 501(c)(3) |              |  |  |                                       |                                       |                            |  |                   |                           |  |  |
| J                                  | Website:     | mption num                                       | ber 🕨 .  |                                       |                                       |                            |  |                   |                           |  |  |
| K                                  | Form of or   | ganization: 🗵                                    | Corporation Trust Associ   | iation ☐ Other ►                      | L Year of form                        | nation.                    | 2012 M   | M State of leg    | gal domicile: SD          |  |  |
| P                                  | art I        | Summa  | ry   |                                       | 1                                     |                            |  |                   |                           |  |  |
|                                    | 1            | Briefly des                                      | cribe the organization's mis-  | sion or most significal               | nt activities: FRAT                   | ERNITY                     | ALUM   | NI ASSO           | C.                        |  |  |
| 9                                  | i            | -  | _  | ·                                     | ,                                     |                            |  |                   |                           |  |  |
| Governance                         |              |  |  |                                       |                                       |                            |  |                   |                           |  |  |
| ern                                | 2            | Check this                                       | box ► ☐ If the organization  | n discontinued its ope                | rations or dispose                    | d of more                  | than 25  | 5% of its r       | net assets.               |  |  |
| Š                                  |              |  | f voting members of the gove   | · · · · · · · · · · · · · · · · · · · | •                                     |                            |  | 3                 | 5                         |  |  |
| æ                                  | 1            |  | f independent voting membe   |                                       | -                                     |                            |  | 4                 | 5                         |  |  |
| es                                 | 1            |  | ber of individuals employed  | •                                     | • •                                   | •                          |  | 5                 | 0                         |  |  |
| Activities &                       | L            |  | ber of volunteers (estimate if   | -                                     |                                       |                            |  | 6                 | 5                         |  |  |
| Act                                |              |  | lated business revenue from  |                                       |                                       |                            |  | 7a                | 0.                        |  |  |
|                                    | 1            |  | ted business taxable income  |                                       |                                       |                            |  | 7b                | 0.                        |  |  |
|                                    |              |  |  |                                       |                                       | Pr                         | ior Year   | ·                 | Current Year              |  |  |
| Revenue                            | 8            | Contributio                                      | ons and grants (Part VIII, line  |                                       |                                       | <del></del>                |  |                   |                           |  |  |
|                                    | 9            | Program se                                       | ervice revenue (Part VIII, line  |                                       |                                       |                            |  |                   |                           |  |  |
| Š                                  |              |  | t income (Part VIII, column (  |                                       | 5.                                    | 33.                        |  |                   |                           |  |  |
| æ                                  |              |  | nue (Part VIII, column (A), lin  | 30,0                                  |                                       | 32,879.                    |  |                   |                           |  |  |
|                                    |              |  | nue—add lines 8 through 11 (   |                                       |                                       | <u> </u>                   | 30,0   |                   | 32,912.                   |  |  |
|                                    |              |  | d similar amounts paid (Part   |                                       |                                       | +                          | 30,0   | /13.              | J2, J12.                  |  |  |
|                                    | I .          |  | aid to or for members (Part I  |                                       |                                       |                            |  |                   |                           |  |  |
| <b>/</b> 0                         | i .          | -  | ther compensation, employee  |                                       |                                       |                            |  |                   |                           |  |  |
| Expenses                           | 1            |  | nal fundraising fees (Part IX,   | •                                     |                                       | <b> </b>                   |  |                   | <del></del>               |  |  |
| Sen                                | ŀ            |  | raising expenses (Part IX, co  |                                       |                                       |                            | The state of the s | - 10 A B 5 A      |                           |  |  |
| ă                                  | 6            |  | enses (Part IX, column (A), lir  | •                                     | 0.                                    | manife the same            | 22,2   |                   | 17,890.                   |  |  |
|                                    |              | -  | enses. Add lines 13–17 (must   |                                       |                                       |                            | 22,2   |                   |                           |  |  |
|                                    | L            |  | ess expenses. Subtract line  |                                       |                                       |                            |  | 772.              | 17,890.<br>15,022.        |  |  |
| - S                                | 13           | neveriue ie                                      | 388 expenses. Subtract line  | 10 110111 11110 12                    | · · · · · · ·                         |                            | of Currer  |                   | End of Year               |  |  |
| Net Assets or<br>Fund Balances     | 20           | Total accet                                      | ts (Part X, line 16)   |                                       |                                       | Degaming                   | 146,2  |                   | ·                         |  |  |
| Asse                               | 21           |  | •  |                                       |                                       | <del>-</del>               | 140,2  |                   | 144,794.                  |  |  |
| E det                              | 22           |  | ities (Part X, line 26) s or fund balances. Subtract   | line 21 from line 20                  |                                       |                            | 146 0  | 0.                | 144 704                   |  |  |
|                                    | art II       |  | re Block   | illie 21 Holli litte 20               | · · · · · · · · · · · · · · · · · · · | 1                          | 146,2  | .12.              | 144,794.                  |  |  |
| -                                  |              |  |  |                                       |                                       |                            |  |                   |                           |  |  |
|                                    |              |  | <ul> <li>I declare that I have examined this</li> <li>Declaration of preparer (other that</li> </ul> |                                       |                                       |                            |  |                   | owledge and belief, it is |  |  |
|                                    | <del></del>  | <del>,                                    </del> | Kate III   | -                                     | <del></del>                           |                            |  |                   | <del></del>               |  |  |
| Sig                                | ın İ         | Summati  | ure of officer   | my                                    |                                       |                            | Data   |                   |                           |  |  |
| _                                  | -            |  |  | . 1                                   |                                       |                            | Date   |                   |                           |  |  |
| He                                 | re           |  | TH GOEHRING, DIRECT  | 'OR                                   |                                       | · .                        |  |                   |                           |  |  |
|                                    |              | <del></del>                                      | or print name and title  |                                       |                                       |                            |  | <del></del> -     | T                         |  |  |
| Pa                                 | id           | 1 "  | preparer's name  | Preparer's signature                  |                                       | Date                       | كأسمه  | Check [] if       | PTIN                      |  |  |
|                                    | eparer       | DAN ST   | reen   | Mu ]                                  |                                       | 4.23.                      | $\mathcal{C}(\mathbb{C}(\mathbb{C})^s)$  | elf-employe       | P01262169                 |  |  |
|                                    | e Only       | - Cinnela man                                    | me STEEN BOOKKEEP  | ING SERVICE, IN                       | NC.                                   |                            |  |                   | 0393709                   |  |  |
|                                    |              | Firm's add                                       | dress ► 317 5TH STREET   | <del></del>                           | D 57006                               |                            | Phone r  | 10. (605)         | 692-4745                  |  |  |
| Ma                                 | y the IR     | S discuss t                                      | this return with the preparer  | shown above? (see in                  | nstructions)                          |                            | <u> </u>   |                   |                           |  |  |
| For                                | Panerw       | ork Reduct                                       | tion Act Notice, see the senar   | ate instructions RAA                  |                                       | REV 03/04/20               | PRO  |                   | Form 990 (2019)           |  |  |

| Part |   | ram Service Accom                       |   | and III   | . —              |
|------|---|---|---|---|------------------|
| 1    | Briefly describe the organ              |   | e or note to any line in this Pa        | art III   | · · · · <u> </u> |
|      | FRATERNITY ALUMNI                       |   |   | ,   |                  |
|      |   |   |   | ·   |                  |
|      |   |   |   |   |                  |
|      |   |   |   |   |                  |
| 2    | Did the organization unde               | rtake any significant p                 | program services during the ye          | ear which were not listed on the  |                  |
|      | prior Form 990 or 990-EZ                | ?                                       |   |   | Yes 🗵 No         |
|      | If "Yes," describe these no             | ew services on Sched                    | ule O.                                  |   |                  |
| 3    | Did the organization cea                | ase conducting, or m                    |   | now it conducts, any program  |                  |
|      | services?                               |   |   |   | Yes 🗵 No         |
| _    | If "Yes," describe these cl             | <u> </u>                                |   |   |                  |
| 4    | expenses. Section 501(c)                | (3) and 501(c)(4) orgai                 |   | three largest program services, as<br>t the amount of grants and allocation |                  |
| 4a   | (Code: ) (Expe                          | nses \$                                 | including grants of \$                  | ) (Revenue \$   | <del></del>      |
|      |   |   |   |   |                  |
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|      |   |   |   |   |                  |
| 4b   | (Code: ) (Exper                         | nses \$                                 | including grants of \$                  | ) (Revenue \$   | )                |
|      | *******************************         |   |   | •   | ·                |
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|      |   |   | <u> </u>                                |   |                  |
|      |   |   |   |   |                  |
| 4c   | (Code: ) (Exper                         | nses \$                                 | including grants of \$                  | ) (Revenue \$   |                  |
|      | (                                       |   |   |   | /                |
|      |   |   |   |   |                  |
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|      |   | *************************************** |   |   |                  |
|      |   |   |   |   |                  |
| 4d   | Other program services (D               | Describe on Schedule                    |   |   |                  |
|      | (Expenses \$                            | including grants of                     | \$ ) (Revenue                           | \$)   |                  |
| 40   | Total program service exp               | nancae 🕨                                |   |   |                  |



# Part IV Checklist of Required Schedules

| ١.  |   | Î   | Yes | No |
|-----|---|-----|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | 1   |     | ×  |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2   |     | ×  |
| 3   | 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  | 3   |     | ×  |
| 4   | Section 501(c)(3) organizations. 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  | 4   |     |    |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5   |     | ×  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6   |     | ×  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7   |     | ×  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | 8   |     | ×  |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV            | 9   |     | ×  |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10  |     | ×  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.  |     |     |    |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   | 11a | ×   |    |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b |     | ×  |
| С   | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c |     | ×  |
| d   | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d |     | ×  |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e |     | ×  |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f |     | ×  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a |     | ×  |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b |     | ×  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |     | ×  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |     | ×  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | ٠   | ×  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  |     | ×  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16  |     | ×  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)   | 17  |     | ×  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |     | ×  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III   | 19  |     | ×  |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |     | ×  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .  | 20b |     |    |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or   |     |     |    |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  |     | ×  |

| Part      | V Checklist of Required Schedules (continued)  |            |     |      |
|-----------|--|------------|-----|------|
|           |  |            | Yes | No   |
| 22        | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22         |     | ×    |
| 23        | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J   |            |     |      |
|           |  | 23         | ļ.— | ×    |
| 24a       | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a   | 24a        |     | ×    |
| b         | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b        |     |      |
| С         | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | 24c        |     |      |
| d         | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d        |     |      |
| 25a       | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>   | 25a        |     |      |
| b         | Is the organization 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  | 25b        |     |      |
| 26        | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26         |     | ×    |
| 27        | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27         |     | ×    |
| 28        | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):   |            |     |      |
| а         | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV   | 28a        |     | ×    |
| b         | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b        |     | ×    |
| C         | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV  | 28c        |     | ×    |
| 29        | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29         |     | ×    |
| 30        | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   | 30         |     | ×    |
| 31        | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31         |     | ×    |
| 32        | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   | 32         |     | ×    |
| 33        | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33         |     | ×    |
| 34<br>35a | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   | 34<br>35a  |     | ×    |
| b         | If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2  | 35b        |     | ×    |
| 36        | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | 36         |     |      |
| 37        | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37         |     | ×    |
| 38        | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.   | 38         | ×   |      |
| Part      | V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V   | ···        |     |      |
| _         |  | - Carro da | Yes | No   |
| 1a<br>b   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0  | - 200      |     |      |
| C         | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | 10         | ×   | 3147 |

| rart    | Statements Regarding Other INS Fillings and Tax Compliance (continued)  |     |  |       |
|---------|---|-----|--|-------|
| •       | 1 1   |     | Yes  | No    |
| 2a      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   |     |  |       |
|         | Statements, filed for the calendar year ending with or within the year covered by this return 2a 0  |     |  |       |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .  | 2b  |  |       |
|         | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |     |  |       |
| 3a      | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a  | ×  |       |
| þ       | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O   | 3b  | ×  | ļ     |
| 4a      | 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)?  | 4a  |  | X     |
| b       | If "Yes," enter the name of the foreign country   |     |  |       |
| 5a      | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a  |  |       |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b  | -  | ×     |
| C       | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c  |  | ^     |
| 6a      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  |     | -  |       |
| Ju      | organization solicit any contributions that were not tax deductible as charitable contributions?  | 6a  |  | ×     |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | 6b  |  |       |
| 7       | Organizations that may receive deductible contributions under section 170(c).   |     |  | ,     |
| а       | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | 7a  | _  | ×     |
| ь       | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b  |  |       |
| C       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  |     |  |       |
| -       | required to file Form 8282?   | 7c  |  | ×     |
| d       | If "Yes," indicate the number of Forms 8282 filed during the year   |     |  |       |
| е       | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e  |  | ×     |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .  | 7f  |  | ×     |
| g       | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g  |  | ļ     |
| h       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h  | of the State of th |       |
| 8       | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  |     |  |       |
| 9       | sponsoring organization have excess business holdings at any time during the year?  | 8   |  | 44.   |
| a       | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a  |  |       |
| b       | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b  |  |       |
| 10      | Section 501(c)(7) organizations. Enter:   |     |  |       |
| а       | Initiation fees and capital contributions included on Part VIII, line 12  |     |  |       |
| b       | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 0.  |     |  |       |
| 11      | Section 501(c)(12) organizations. Enter:  |     |  |       |
| а       | Gross income from members or shareholders   |     |  |       |
| b       | Gross income from other sources (Do not net amounts due or paid to other sources  |     |  |       |
|         | against amounts due or received from them.)   |     |  |       |
| 12a     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a |  |       |
| ь<br>13 | If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.  |     |  | į · · |
| а       | Is the organization licensed to issue qualified health plans in more than one state?  | 13a |  |       |
| _       | Note: See the instructions for additional information the organization must report on Schedule O.   |     |  |       |
| b       | Enter the amount of reserves the organization is required to maintain by the states in which  |     |  |       |
| •       | the organization is licensed to issue qualified health plans  |     |  |       |
| С       | Enter the amount of reserves on hand  |     |  |       |
| 14a     | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a |  | ×     |
| b       | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  | 14b |  |       |
| 15      | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or   |     |  |       |
|         | excess parachute payment(s) during the year?  | 15  |  |       |
|         | If "Yes," see instructions and file Form 4720, Schedule N.  |     |  |       |
| 16      | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   | 16  | 1124   |       |
|         | If "Yes." complete Form 4720, Schedule O.   |     |  |       |

Form 990 (2019) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part Vi response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . × Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a × Are any governance decisions of the organization reserved to (or subject to approval by) members, **7**b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? . . 8a X

| b     | Each committee with authority to act on behalf of the governing body?  | 8b   | ×        |
|-------|--|------|----------|
| 9     | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at   |      |          |
|       | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  | 9    |          |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Rever  | ue C | ode      |
|       |  |      | Ye       |
| 10a   | Did the organization have local chapters, branches, or affiliates?   | 10a  |          |
| b     | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b  |          |
| 11a   | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a  |          |
| b     | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |      |          |
| 12a   | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a  |          |
| b     | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b  |          |
| C     | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  |      |          |
|       | describe in Schedule O how this was done   | 12c  |          |
| 13    | Did the organization have a written whistleblower policy?  | 13   | <u> </u> |
| 14    | Did the organization have a written document retention and destruction policy?   | 14   |          |
| 15    | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?         |      |          |
| а     | The organization's CEO, Executive Director, or top management official   | 15a  |          |
| b     | Other officers or key employees of the organization  | 15b  |          |
|       | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |      |          |
| 16a   | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement   |      |          |
|       | with a taxable entity during the year?   | 16a  |          |
| b     | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the |      |          |

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

KEITH GOEHRING, PO BOX 8043, BROOKINGS, SD 57006 (605)695-9459

List the states with which a copy of this Form 990 is required to be filed ▶

☐ Another's website

and financial statements available to the public during the tax year.

Section C. Disclosure

Own website

17

19

20

X

No

State the name, address, and telephone number of the person who possesses the organization's books and records

Upon request

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,

Other (explain on Schedule Q)

|      | _ |
|------|---|
| _    | 7 |
| Page | • |

| FOITH 930 (201) | 9)  | Page   |
|-----------------|---|--------|
| Part VII        | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees | s, and |
| •               | Independent Contractors   |        |
|                 | Check if Schedule O contains a response or note to any line in this Part VII                | . 🗆    |

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

| Check this box if neither the organization no | r any relate  | d org  | aniz                  | atic                          | n c | ompe                         | nsa    | ted any current                      | officer, director,                        | or trustee.                                     |  |
|---|---|--|-----------------------|-------------------------------|-----|------------------------------|--------|--------------------------------------|---|---|--|
| (A)<br>Name and title                         | (B) Average hours per week  | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |                               |     |                              |        | (D) Reportable compensation from the | (E)  Reportable compensation from related | (F) Estimated amount of other compensation      |  |
|   | (list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | individual trustee or director   | Institutional trustee | employee Key employee Officer |     | Highest compensated employee | Former | organization<br>(W-2/1099-MISC)      | organizations<br>(W-2/1099-MISC)          | from the organization and related organizations |  |
| (1) TYLER PETERSON PRESIDENT                  | 0.10  | -  |                       | ×                             |     |                              |        | 0.                                   | 0.  | 0.  |  |
| (2) KEITH GOEHRING<br>TREASURER               | 0.10  |  |                       | ×                             |     |                              |        | 0.                                   | 0.  | 0.  |  |
| (3) MICHAEL SUKALSKI<br>SECRETARY             | 0.10  |  |                       | ×                             |     |                              |        | _ 0                                  | 0.  | 0.  |  |
| (4) PAT HENNEN VICE PRESIDENT                 | 0.10  |  |                       | ×                             |     |                              |        | 0.                                   | 0.  | 0.  |  |
| (5) CHRIS OPDAHL DIRECTOR                     | 0.10  | ×  |                       |                               |     |                              |        | 0.                                   | 0.  | 0.  |  |
| (6)   |   |  |                       |                               |     |                              |        |                                      |   |   |  |
| (7) . ~ e                                     |   |  |                       |                               |     |                              |        |                                      |   |   |  |
| (8)   |   |  |                       |                               |     |                              | -      |                                      |   |   |  |
| (9)   |   |  |                       |                               |     |                              |        |                                      |   |   |  |
| (10)  |   |  |                       |                               |     |                              |        |                                      |   |   |  |
| (11)  |   |  |                       |                               |     |                              |        |                                      |   |   |  |
| (12)  |   |  |                       |                               |     |                              |        |                                      |   |   |  |
| (13)  |   | -  | -                     | -                             |     |                              |        |                                      |   |   |  |
| (14)  |   | <u>-</u>   | _                     | <u> </u>                      | -   |                              |        |                                      |   |   |  |

| Part    | VII Section A. Officers, Directors, 7  | rustees, l   | Key E                          | Emp                   | olo     | yee  | s, an                        | d H                   | lighest Compe              | nsated Em                                | ployee     | s (continued)                                |
|---------|--|--|--------------------------------|-----------------------|---------|--|------------------------------|-----------------------|----------------------------|--|------------|--|
|         | (A)<br>Name and title  | (B) Average hours per week                                   | officer and a director/tru     |                       |         |  |                              | an<br>tee)            | Reportable compensation    | (E) Reportable compensation from related | n          | , (F) stimated amount of other compensation  |
|         |  | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee                                     | Highest compensated employee | Former                |                            | organization<br>(W-2/1099-MI             | s<br>SC) c | from the organization and ated organizations |
| (15)    |  |  |                                |                       |         |  |                              |                       |                            |  |            |  |
| (16)    |  |  |                                |                       |         |  |                              | -                     |                            |  |            |  |
| (17)    |  |  |                                |                       | -       | -  |                              |                       |                            | <del></del> -                            |            | •  |
| (18)    |  |  |                                |                       |         |  |                              |                       |                            |  |            |  |
| (19)    |  |  |                                |                       |         | <del>                                     </del> |                              | -                     |                            |  | _          |  |
| (20)    |  |  |                                |                       |         |  |                              |                       |                            |  |            |  |
| (21)    |  |  |                                |                       |         |  | <br>                         |                       |                            |  | -          |  |
| (22)    |  |  |                                |                       |         |  |                              |                       |                            |  |            |  |
| (23)    |  |  |                                |                       |         |  |                              |                       |                            |  |            |  |
| (24)    |  |  |                                |                       |         |  | }                            |                       |                            |  |            | <del></del>                                  |
| (25)    |  |  |                                |                       |         |  |                              | -                     |                            | <del></del>                              |            |  |
| 1b<br>c | Subtotal   | VII, Sectio  | n A                            |                       |         |  | •                            | <b>&gt; &gt; &gt;</b> | 0.                         |  | 0.         | 0.   |
| 2       | Total number of individuals (including but reportable compensation from the organi             | not limited  | to th                          | ose                   | list    | ed   | above                        | e) w                  |                            | e than \$100,                            |            | <del></del>                                  |
| 3       | Did the organization list any former of employee on line 1a? If "Yes," complete S              |  |                                |                       |         |  |                              |                       | oyee, or highes            | -  | ···•       | Yes No                                       |
| 4       | For any individual listed on line 1a, is the organization and related organizations individual |  |                                |                       |         |  |                              |                       |                            |  |            | 4 ×  |
| 5       | Did any person listed on line 1a receive of for services rendered to the organization?         |  |                                |                       |         |  |                              |                       |                            |  |            | 5 ×  |
| Secti   | on B. Independent Contractors  |  |                                |                       |         |  |                              |                       |                            |  |            |  |
| 1       | Complete this table for your five high compensation from the organization. Repo                |  |                                |                       |         |  |                              |                       |                            |  |            |  |
|         | (A)<br>Name and business add   | ress   |                                |                       |         |  |                              |                       | (B)<br>Description of serv | vices                                    | Com        | (C)<br>pensation                             |
|         |  |  |                                |                       |         |  |                              |                       |                            |  |            |  |
|         |  |  |                                | <del></del> -         |         |  |                              |                       |                            |  |            |  |
| 2       | Total number of independent contractor received more than \$100,000 of compens                 | •  | •                              |                       |         |  |                              | th                    | ose listed abov            | e) who                                   | to s       |  |

F--- QQQ (0010)

| Pari   | NIII     | Statement of Rec<br>Check if Schedule |                  |             | enor         | ase or note to a                      | ny line in this Pa                            | art VIII   |  | _  |
|--|----------|---------------------------------------|------------------|-------------|--------------|---------------------------------------|---|--|--|--|
|  | •        | -                                     |                  |             | Japon        | 1                                     | (A) Total revenue                             | (B) Related or exempt function revenue   | (C)<br>Unrelated<br>business revenue   | (D) Revenue excluded from tax under sections 512–514   |
| nts<br>1ts   | 1a       | Federated campaig                     |                  |             | 1a           |                                       |   |  |  |  |
| Contributions, Gifts, Grants and Other Similar Amounts | . b`     |                                       |                  |             | 1b           | 1                                     |   |  |  |  |
| S, G   | ) .C     | Fundraising events                    |                  |             | 1c           | , , ,                                 |   |  |  |  |
| ar it  | d,       | Related organizatio                   |                  |             | 1d           | <u> </u>                              |   |  |  |  |
| S, G   | е        | Government grants                     |                  |             | 1e           |                                       |   |  |  |  |
| S S  | f        | All other contribution                |                  |             | ١.,          |                                       |   |  |  |  |
| he be  |          | and similar amounts no                |                  |             | 1f ·         | <del> </del>                          |   |  |  |  |
| 重豆   | g        | Noncash contribution                  |                  |             |              | •                                     |   |  |  |  |
| Som  | _        | lines 1a-1f Total. Add lines 1a-      |                  |             | 1g           |                                       |   |  |  |  |
|  | <u> </u> | Total. Add lines 1a-                  | <del>-!! .</del> | <del></del> | · ·          | Business Code                         |   |  |  |  |
| ė  | 2a       |                                       |                  |             |              | Business Code                         |   | TELL LACE PARTY TO A   | TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUM | 100000000000000000000000000000000000000  |
| ž,   | b        |                                       |                  |             |              |                                       | <del> </del> -                                |  |  | <del></del>  |
| Program Service<br>Revenue                             | c        |                                       |                  |             |              |                                       | · · · · · · · · · · · · · · · · · · ·         |  | 7 -  |  |
|  | d        |                                       |                  |             |              |                                       |   |  |  |  |
|  | е        |                                       |                  |             |              | 7,                                    |   |  |  |  |
| Pro  | f        | All other program se                  |                  |             |              |                                       |   | · · · ·  |  |  |
|  | g        | Total. Add lines 2a-                  | -2f .            |             |              | •                                     |   |  | Y. S. W. S. S.   |  |
|  | 3        | Investment income                     | (incl            | uding divi  | dend         | s, interest, and                      |   |  |  |  |
|  |          | other similar amounts)                |                  |             |              |                                       | 33.   | 33.  | 0.   | i  |
|  | 4        | Income from investr                   | ment d           | of tax-exen | npt bo       | ond proceeds ►                        |   |  |  |  |
|  | 5        | Royalties                             | <u> </u>         |             |              | <u>. : . · : · ▶</u>                  | , ,, -  |  |  |  |
|  | _        | _                                     | 1                | (i) Rea     |              | (ii) Personal                         |   |  |  |  |
|  | 6a       | Gross rents                           | 6a               | 66,         |              |                                       |   |  |  |  |
|  | b        | Less: rental expenses                 | 6b               |             | <u> 258.</u> |                                       |   |  |  |  |
|  | C        | Rental income or (loss)               |                  |             | 879.         | 1                                     | 22 070  |  |  |  |
|  | _d       | Net rental income o                   | r (los           | (i) Secun   | tios /       | (ii) Other                            | 32,879.                                       | 32,879.  | 0.   | 0  |
|  | 7a       | Gross amount from                     |                  | (1) 360011  |              | - (ii) Other -                        |   |  |  |  |
|  |          | sales of assets other than inventory  | 7a               |             |              |                                       |   |  |  |  |
| o ·  | h.       | Less: cost or other basis             | <u> </u>         |             |              | ·                                     |   |  |  |  |
| venue  |          | and sales expenses                    | 7b               |             |              |                                       |   |  |  |  |
|  | С        | Gain or (loss)                        |                  |             | ·            | · · · · · · · · · · · · · · · · · · · |   |  |  |  |
| Other Re   | d        | Net gain or (loss)                    |                  |             | <del></del>  | ▶                                     | BOOK STATES CHARACTER STATES                  | West Start Company of the Company of | THE STATE OF THE S | CANADA DE LA CANADA DEL CANADA DE LA CANADA DEL CANADA DE LA CANADA DE |
| je.  | 8a       | Gross income from                     | m fu             | ndraisina   |              |                                       |   |  |  |  |
| ز قر   |          | events (not including                 |                  |             | ļ,·          | ~                                     |   |  |  |  |
| , •  | ,        | of contributions rep                  |                  |             |              | '                                     |   |  |  |  |
|  |          | 1c). See Part IV, line                | e 18             | ·           | 8a           |                                       |   |  |  |  |
|  | b        | Less: direct expens                   |                  |             | 8b           |                                       |   |  |  |  |
|  | С        | Net income or (loss)                  |                  |             | g eve        | ents <b>&gt;</b>                      | industry catelon trib. Il recorde             |  |  | Language Martin Control  |
| ,  | 9a       | Gross income f                        |                  |             | '            | · ·                                   |   |  |  |  |
|  |          | activities. See Part I                |                  |             | 9a           |                                       |   |  |  |  |
|  | b        | Less: direct expens                   |                  |             | 9b           | <u>l </u>                             |   |  |  |  |
| }  | C        | Net income or (loss)                  |                  |             | ctivitie     | es ▶                                  | Serioscoli, Christian and American Serioscoli | Marian designation and service   | LOT (Chinese) on a young of the city of  | and the Maria Company of the company   |
| ]  | 10a      | Gross sales of ir                     |                  | ory, less   |              |                                       |   |  |  |  |
|  |          | returns and allowan                   |                  | •• •        | 10a          |                                       |   |  |  |  |
| <del></del>  |          | Less: cost of goods                   |                  |             | 10b          |                                       | 4.0H2.15.7                                    |  |  |  |
|  | <u>c</u> | Net income or (loss)                  | trom             | sales of in | ivento       | r                                     |   | A STATE OF THE STATE OF STATE OF   |  | Garage and the second  |
| Miscellaneous<br>Revenue                               | 44.      |                                       |                  | ** *        |              | Business Code                         |   |  | E-James Land   |  |
| ne<br>Tue  | 11a      |                                       |                  |             |              |                                       | <u> </u>                                      |  |  | · · · · · · · · · · · · · · · · · · ·  |
| scellaneo<br>Revenue                                   | b        | ,                                     |                  |             |              | <u> </u>                              | ļ   | ,  | - · · · · · · · · · · · · · · · · · · ·  | · · · · · · · · · · · · · · · · · · ·  |
| R Se   | ď        | All other revenue                     |                  |             |              |                                       | ļ   |  |  | r_   |
| Ξ̈́  | e<br>e   | Total. Add lines 11a                  |                  |             | • •          |                                       |   | Zeroporturiore   | 22-52-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2  |  |
|  | 12       | Total revenue See                     | inotri           | etions      | <u> </u>     | · · · · · - <u></u>                   | 32 912  | 32 012   |  | 0  |

REV 03/04/20 PRO

|        | Statement of Functional Expenses   | A  | \<br>(                       |   | (4)                               |
|--------|--|--|------------------------------|---|-----------------------------------|
| Sectio | n 501(c)(3) and 501(c)(4) organizations must comp  |  |                              |   |                                   |
|        | Check if Schedule O contains a response  | <del>,</del>   |                              |   |                                   |
|        | t include amounts reported on lines 6b, 7b,<br>, and 10b of Part VIII.   | (A)<br>Total expenses  | (B) Program service expenses | (C)<br>Management and<br>general expenses     | ( <b>D</b> ) Fundraising expenses |
| 1      | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .                                       |  |                              |   |                                   |
| 2      | Grants and other assistance to domestic individuals. See Part IV, line 22  |  |                              |   |                                   |
| 3      | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16             |  |                              |   |                                   |
| 4<br>5 | Benefits paid to or for members  |  |                              |   |                                   |
| 6      | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) |  |                              |   | ,                                 |
| 7      | Other salaries and wages   | •  |                              |   |                                   |
| 8      | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |  |                              |   |                                   |
| 9      | Other employee benefits  | <u> </u>   | <del> </del>                 | <del> </del>                                  |                                   |
| 10     | Payroll taxes  |  |                              |   |                                   |
| 11     | Fees for services (nonemployees):  | ļ  | <del> </del>                 | <del> </del>                                  | <del></del>                       |
|        |  |  |                              |   |                                   |
| a      | Management   | }  | <u> </u>                     | ļ   | <del></del>                       |
| D      | Legal  | <u> </u>   |                              | ļ <u>. —                                 </u> |                                   |
| C      | Accounting   | ļ  | <u> </u>                     | ļ   |                                   |
| d      | Lobbying   |  |                              |   |                                   |
| e      | Professional fundraising services. See Part IV, line 17  |  | PATE TO THE                  |   |                                   |
| f      | Investment management fees   |  |                              |   | ·                                 |
| g      | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .                               |  |                              |   |                                   |
| 12     | Advertising and promotion  |  | 1                            |   |                                   |
| 13     | Office expenses  | 113.   | 0.                           | 113.  | 0.                                |
| 14     | Information technology   |  |                              | = =====================================       | <del></del>                       |
| 15     | Royalties  | <del></del> -  |                              |   |                                   |
| 16     | Occupancy  | <del></del>  | <del></del>                  | <del></del>                                   |                                   |
| 17     | Travel   |  |                              |   |                                   |
|        |  | <del></del>  | <del></del>                  | <del> </del>                                  |                                   |
| 18     | Payments of travel or entertainment expenses for any federal, state, or local public officials   |  |                              |   |                                   |
| 19     | Conferences, conventions, and meetings .   | <u> </u>   |                              | <u> </u>                                      |                                   |
| 20     | Interest   | ļ  |                              |   |                                   |
| 21     | Payments to affiliates   |  | <u></u>                      |   |                                   |
| 22     | Depreciation, depletion, and amortization .  | 9,907.   | 0.                           | 9,907.  | 0.                                |
| 23     | Insurance  |  |                              |   |                                   |
| 24     | Other expenses, Itemize expenses not covered   | 1  |                              |   |                                   |
|        | above (List miscellaneous expenses on line 24e. If   |  |                              |   |                                   |
|        | line 24e amount exceeds 10% of line 25, column   | Service Control of the Control of th | 100元)                        | CALLET SE                                     |                                   |
|        | (A) amount, list line 24e expenses on Schedule O.)   |  |                              |   |                                   |
| а      | PROFESSIONAL FEES  | 288.   | 0.                           | 288.  | 0.                                |
| b      | BANK FEE   | 20.  | 0.                           | 200.  | 0.                                |
| C      | SUPPLIES   | 977.   | 0.                           | 977.  | 0.                                |
|        |  |  | 0.                           | <del></del>                                   |                                   |
| d      | DUES   | 6,585.   | ļ                            | 6,585.  | 0.                                |
| e      | All other expenses   | ļ  | <del> </del>                 |   | ļ                                 |
| 25     | Total functional expenses. Add lines 1 through 24e   | 17,890.  | 0.                           | 17,890.                                       | 0.                                |
| 26     | Joint costs. Complete this line only if the organization reported in column (B) joint costs  |  | 1                            |   | ,                                 |
|        | from a combined educational campaign and fundraising solicitation. Check here ► ☐ if   |  |                              |   |                                   |

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**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X . . . . . . (B) Beginning of year End of year Cash—non-interest-bearing . . . . . . . . . . . . 34,582. 1 41,419. 2 2 Savings and temporary cash investments . . . . . . 1,652. 3 3 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 7 8 8 9 Prepaid expenses and deferred charges . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . | 10a 423,038. Less: accumulated depreciation . . . . . 10b 321,315. 111,630. 10c 101,723. 11 Investments—publicly traded securities . . . . . 11 12 Investments—other securities. See Part IV, line 11 . 12 13 Investments—program-related. See Part IV, line 11 . . . 13 14 14 15 Other assets. See Part IV, line 11 . . . . . . . . 15 16 Total assets. Add lines 1 through 15 (must equal line 33) . . . . 146,212. 16 144,794. 17 17 18 18 19 Deferred revenue . . . . . . . . . 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . . 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . . 0. 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 . . . . . 26 0 26 **Net Assets or Fund Balances** Organizations that follow FASB ASC 958, check here ▶ □ and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions . . 27 28 Net assets with donor restrictions . . . . . . 28 Organizations that do not follow FASB ASC 958, check here ▶ 🔀 and complete lines 29 through 33. Capital stock or trust principal, or current funds . . . . . 29 30 Paid-in or capital surplus, or land, building, or equipment fund . . . . 30 31 Retained earnings, endowment, accumulated income, or other funds . . . 146,212. 31 144,794.

144,794.

144,794.

146,212.

146,212.

32

Total liabilities and net assets/fund balances . . .

| Part | XI Reconciliation of Net Assets  |           | <del></del>   |                 |              |
|------|--|-----------|---------------|-----------------|--------------|
|      | Check if Schedule O contains a response or note to any line in this Part XI  |           | <i>.</i> .    | • , •           |              |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1         |               | 32,91           | 2.           |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2         |               | 17,89           |              |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3         |               | 15,02           |              |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  | 4         | 1             | 46,21           |              |
| 5    | Net unrealized gains (losses) on investments   | 5         |               |                 |              |
| 6    | Donated services and use of facilities   | 6         |               |                 |              |
| 7    | Investment expenses  | 7         |               |                 |              |
| 8    | Prior period adjustments   | 8         | ١             |                 |              |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)   | 9         |               |                 |              |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line   |           |               | _               | _            |
|      | 32, column (B))  | 10        | 1             | 61,23           | 34.          |
| Part | XII Financial Statements and Reporting   |           |               |                 |              |
|      | Check if Schedule O contains a response or note to any line in this Part XII   | • • •     | <u> </u>      | 1               | <u>. [.]</u> |
| 1    | Accounting method used to prepare the Form 990: 🗵 Cash 🔲 Accrual 🔲 Other If the organization changed its method of accounting from a prior year or checked "Other," of Schedule O.   | explain   | in            | Yes             | No           |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?  |           | . 2a          | ×               |              |
| b    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?                |           |               |                 |              |
| c    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of |           |               |                 |              |
| _    | the audit, review, or compilation of its financial statements and selection of an independent account If the organization changed either its oversight process or selection process during the tax year, eschedule O.  | ant?      | . <u>2c</u>   |                 | ×            |
| За   | As a result of a federal award, was the organization required to undergo an audit or audits as set for Single Audit Act and OMB Circular A-133?  | orth in 1 | the <b>3a</b> |                 | ×            |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not unrequired audit or audits, explain why on Schedule O and describe any steps taken to undergo such  |           | . 3b          |                 |              |
|      | REV 03/04/20 PRO   |           | For           | m <b>990</b> (2 | 2019)        |

### SCHEDULE D (Form 990)

BAA

Department of the Treasury Internal Revenue Service Name of the organization

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

| ALP    | HA GAMMA RHO ALUMNI ASSOC.  |  | 46-0284739                              |
|--------|---|--|---|
| Par    | <b>—</b> •  |  | s or Accounts.                          |
|        | Complete if the organization answered "   | Yes" on Form 990, Part IV, line 6.             |   |
|        |   | (a) Donor advised funds                        | (b) Funds and other accounts            |
| 1      | Total number at end of year   |  |   |
| 2      | Aggregate value of contributions to (during year) .   |  |   |
| 3      | Aggregate value of grants from (during year)  |  |   |
| 4      | Aggregate value at end of year  | <u> </u>                                       |   |
| 5      | Did the organization inform all donors and donor a  |  |   |
| _      | funds are the organization's property, subject to the   | •  | •                                       |
| 6      | Did the organization inform all grantees, donors, an<br>only for charitable purposes and not for the benefit    |  |   |
|        | conferring impermissible private benefit?   |  |   |
| Par    | Conservation Easements.   |  |   |
|        | Complete if the organization answered "   | Yes" on Form 990. Part IV. line 7.             |   |
| 1      | Purpose(s) of conservation easements held by the o  |  |   |
|        | Preservation of land for public use (for example, recreation)   | •        | f a historically important land area    |
|        | Protection of natural habitat   | ·  | a certified historic structure          |
|        | ☐ Preservation of open space  |  |   |
| 2      | Complete lines 2a through 2d if the organization hele   | d a qualified conservation contribution        | in the form of a conservation           |
|        | easement on the last day of the tax year.   |  | Held at the End of the Tax Year         |
| а      |   |  |   |
| b      | Total acreage restricted by conservation easements  |  |   |
| C      | Number of conservation easements on a certified hi  | , ,  |   |
| d      | Number of conservation easements included in (on historic structure listed in the National Register .           |  |   |
| 3      | Number of conservation easements modified, transtax year ►  | ferred, released, extinguished, or term        | ninated by the organization during the  |
| 4      | Number of states where property subject to conserv  | vation easement is located ▶                   |   |
| 5      | Does the organization have a written policy regardions, and enforcement of the conservation easi                | arding the periodic monitoring, insp           |   |
| 6      | Staff and volunteer hours devoted to monitoring, inspect  |  |   |
| 7      | Amount of expenses incurred in monitoring, inspecting  \$ \begin{align*}  \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  | g, handling of violations, and enforcing o     | conservation easements during the year  |
| 8      | Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?                                | (d) above satisfy the requirements of s        | ection 170(h)(4)(B)(i)                  |
| 9      | In Part XIII, describe how the organization reports co  | onservation easements in its revenue a         | and expense statement and               |
|        | balance sheet, and include, if applicable, the text of organization's accounting for conservation easemen       |  | ncial statements that describes the     |
| Part   | Organizations Maintaining Collections Complete if the organization answered "                                   | •  | Other Similar Assets.                   |
| 1a     | If the organization elected, as permitted under FASI  | <del></del>                                    | e statement and balance sheet works     |
|        | of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote to | held for public exhibition, education,         | or research in furtherance of public    |
| b      | If the organization elected, as permitted under FAS   | B ASC 958, to report in its revenue st         | tatement and balance sheet works of     |
|        | art, historical treasures, or other similar assets held provide the following amounts relating to these item    | for public exhibition, education, or res<br>s: | earch in furtherance of public service, |
|        | (i) Revenue included on Form 990, Part VIII, line 1   |  | <b>&gt;</b> \$                          |
|        | (ii) Assets included in Form 990, Part X  |  | > \$                                    |
| 2      | If the organization received or held works of art,  |  |   |
|        | following amounts required to be reported under FA  |  |   |
| a      | Revenue included on Form 990, Part VIII, line 1 .   |  | · · · ▶ \$                              |
| b      | Assets included in Form 990, Part X   |  |   |
| For Pa | perwork Reduction Act Notice, see the Instructions for I  | Form 990.                                      | Schedule D (Form 990) 2019              |

REV 03/04/20 PRO

| Part   | Organizations Maintaining   | Collections of      | Art, His      | torical T  | reasures,               | or Oti  | ner Similar As        | sets (continued)                       |
|--------|---|---------------------|---------------|------------|-------------------------|---------|-----------------------|--|
| 3      | Using the organization's acquisition, collection items (check all that apply):  |                     | her recor     | ds, chec   | k any of the            | follow  | ing that make s       | significant use of its                 |
| а      | ☐ Public exhibition   |                     | d             | Loan       | or exchange             | progra  | am                    |  |
| b      | ☐ Scholarly research  |                     |               | ☐ Other    | _                       | -       | ************          |  |
| С      | Preservation for future generations   | <b>;</b>            |               |            |                         |         |                       |  |
| 4      | Provide a description of the organiza   |                     | and expla     | in how t   | hev further t           | he ora  | anization's exer      | not purpose in Part                    |
| ·      | XIII.   |                     | arra arrano   |            | ,                       |         |                       |  |
| 5      | During the year, did the organization   | solicit or receive  | donation      | s of art,  | historical tre          | asures  | , or other simila     | ar                                     |
|        | assets to be sold to raise funds rather   |                     |               |            |                         |         |                       |  |
| Part   | IV Escrow and Custodial Arra  | angements.          |               |            |                         |         |                       |  |
|        | Complete if the organization 990, Part X, line 21.  | answered "Yes"      | " on For      | m 990, F   | Part IV, line           | 9, or 1 | reported an an        | nount on Form                          |
| 1a     | included on Form 990, Part X?   | ,                   |               |            |                         |         |                       | ot                                     |
| b      | If "Yes," explain the arrangement in P  | art XIII and comple | ete the fo    | llowing ta | able:                   |         |                       |  |
|        |   |                     |               |            |                         |         | Α                     | mount                                  |
| С      | Beginning balance   |                     |               |            |                         | 1c      | <u> </u>              |  |
| đ      | Additions during the year   |                     |               |            |                         | 1d      |                       |  |
| е      | Distributions during the year   |                     |               |            |                         | 1e      |                       | ······································ |
| f      | Ending balance  |                     |               |            |                         | _1f     | <del></del>           |  |
| 2a     | Did the organization include an amou  |                     |               |            |                         |         | •                     |  |
|        | If "Yes," explain the arrangement in P  | art XIII. Check her | e if the ex   | cplanatio  | n has been p            | provide | d on Part XIII .      | <u> L.</u>                             |
| Par    | Endowment Funds.  Complete if the organization  | anawarad "Vas       | " on Eor      | 000 r      | Dort IV line            | 10      |                       |  |
|        | Complete if the organization  | (a) Current year    |               | or year    | (c) Two years           |         | (d) Three years back  | k (e) Four years back                  |
| 1a     | Beginning of year balance   | (a) Content year    | (0) (1)       | Ji year    | (c) Two years           | Dack    | (u) Three years back  | (e) Four years back                    |
| b      | Contributions   |                     |               |            | <u> </u>                |         |                       | <del></del>                            |
| C      | Net investment earnings, gains, and   |                     |               |            | <del> </del>            |         | <del></del>           | <del> </del>                           |
| C      | losses  |                     |               |            |                         |         |                       |  |
| d      | Grants or scholarships  | <u> </u>            |               |            |                         |         | <del></del>           | <del> </del>                           |
| e      | Other expenditures for facilities and   |                     | <del></del>   |            | <del> </del>            | -+      | <del></del>           | <del> </del>                           |
| •      | programs  |                     |               |            | 1                       |         |                       |  |
| f      | Administrative expenses   |                     |               |            |                         |         |                       | <del> </del>                           |
| g<br>g | End of year balance   |                     | <del></del> . |            |                         |         |                       | <del> </del>                           |
| 2      |   | he current vear en  | d balanc      | e (line 1a | column (a))             | held a  | s:                    | <del></del>                            |
| a      | Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment  % |                     |               |            |                         |         |                       |  |
| b      | Permanent endowment ▶   | %                   | <b></b> `     |            |                         |         |                       |  |
| c      | Term endowment ▶ %  |                     |               |            |                         |         |                       |  |
|        | The percentages on lines 2a, 2b, and  | 2c should equal 10  | 00%.          |            |                         |         |                       |  |
| 3a     | Are there endowment funds not in the  |                     |               | zation tha | at are held a           | nd adn  | ninistered for th     | ie ,                                   |
|        | organization by:  | •                   | Ū             |            |                         |         |                       | Yes No                                 |
|        | (i) Unrelated organizations   |                     |               |            |                         |         |                       | 3a(i)                                  |
|        | (ii) Related organizations  |                     |               |            |                         |         |                       | 3a(ii)                                 |
| b      | If "Yes" on line 3a(ii), are the related o  | rganizations listed | as requir     | red on Sc  | chedule R? .            |         |                       | 3b                                     |
| 4      | Describe in Part XIII the intended uses   | of the organization | n's endo      | wment fu   | unds.                   |         |                       |  |
| Part   | VI Land, Buildings, and Equip   | ment.               |               |            |                         |         |                       |  |
|        | Complete if the organization  | answered "Yes"      | on For        | m 990, F   | Part IV, line           | 11a. S  | See Form 990,         | Part X, line 10.                       |
|        | Description of property   | (a) Cost or ot      |               |            | or other basis<br>ther) |         | ccumulated preciation | (d) Book value                         |
| 1a     | Land  |                     |               |            |                         |         |                       |  |
| b      | Buildings   | 42                  | 3,038.        |            |                         |         | 321,315.              | 101,723.                               |
| c      | Leasehold improvements  |                     |               |            |                         |         |                       |  |
| d      | Equipment   | .                   |               |            |                         |         |                       | <del></del>                            |
| e      | Other   |                     |               |            |                         |         |                       | <del></del>                            |
|        | Add lines 1a through 1e. (Column (d) n  | nust equal Form 9   | 90, Part )    | (, column  | (B), line 10c           | :.)     | •                     | 101,723.                               |

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide Information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

2019

Open to Public

Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

| Name of the organization  | Employer identification number |  |  |  |
|---|--------------------------------|--|--|--|
| ALPHA GAMMA RHO ALUMNI ASSOC.                                     | 46-0284739                     |  |  |  |
|   |                                |  |  |  |
| Pt VI, Line 11b: THE TAX RETURN IS PREPARED BY AN INDEPENDENT TAX | PREPARER AND                   |  |  |  |
| ,   |                                |  |  |  |
| IS REVIEWED AND SIGNED BY AN OFFICER.                             |                                |  |  |  |
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