See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	28,928.	22	36,089.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	28,928.	25	36,089.
26	Total liabilities (describe in Schedule O)	0.	26	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	28,928.	27	36,089.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? See Schedule O

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

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
28	HIGH SCHOOL SCHOLARSHIPS, STUDENTS AT MODEL UNITED NATIONS, STUDENT LEADERSHIP PROGRAM, ROTARY FELLOWSHIPS, ROTARY FOUNDATION (Grants $) If this amount includes foreign grants, check here ☐ 28a	19,188.
29	ROTARY WORLD COMMUNITY SERVICE PROJECTS, BOYS & GIRLS CLUB, COUNTY COORDINATOR, OTHER MISC COMMUNITY PROJECTS (Grants $) If this amount includes foreign grants, check here ☐ 29a	7,238.
30	(Grants $) If this amount includes foreign grants, check here ☐ 30a	
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ☐ 31a	
32	Total program service expenses (add lines 28a through 31a) 32	26,426.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
AMY STEARNS PO BOX 1405 DETROIT LAKES, MN 56502	Director 1	0.	0.	0.
PAUL WEBER PO BOX 1405 DETROIT LAKES, MN 56502	Secretary 3	0.	0.	0.
NANCY SOBERG PO BOX 1405 DETROIT LAKES, MN 56502	Treasurer 2	0.	0.	0.
JEFF JASPERSON PO BOX 1405 DETROIT LAKES, MN 56501	Director 0	0.	0.	0.
GREG HILDENRAND PO BO X1405 DETROIT LAKES, MN 56502	Director 2	0.	0.	0.
DAVID KARSNIA PO BOX 1405 DETROIT LAKES, MN 56501	President Elect 2	0.	0.	0.
DAN JOSEPHSON PO BOX 1405 DETROIT LAKES, MN 56501	Director 1	0.	0.	0.
JOE MERSETH PO BOX 1405 DETROIT LAKES, MN 56501	Director 1	0.	0.	0.
LAURIE LEWANDOWSKI PO BOX 1405 DETROIT LAKES, MN 56501	Director 1	0.	0.	0.