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Form **990-EZ** (2010)

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	20,362	22	20,295
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	2,176	24	274
25	Total assets	22,538	25	20,569
26	Total liabilities (describe in Schedule O)	2,693	26	619
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	19,845	27	19,950

Part III Statement of Program Service Accomplishments		Expenses	
Check if the organization used Schedule O to respond to any question in this Part III		(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? PROGRAMS AND ACTIVITIES FOSTERING GOOD CITIZENSHIP			
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	FINANCIAL SUPPORT TO GREAT PLAINS FOOD BANK LOCATED AT 1720 3RD AVE NORTH, FARGO ND 58102 (Grants \$ 5,100) If this amount includes foreign grants, check here	28a	5,100
29	THE CLUB SPONSORS AND PROVIDES FOR THE ANNUAL ROTARY TRACK MEET FOR HIGH SCHOOL AGED STUDENTS IN THE FARGO, ND AREA (Grants \$ 0) If this amount includes foreign grants, check here	29a	3,173
30	RYLA, ROTARY YOUTH LEADERSHIP AWARD THE CLUB PARTICIPATES IN A LITERACY PROGRAM BY READING AND HELPING WITH ACTIVITIES AT THE FARGO JUNIOR HIGH SCHOOL DURING THE MONTHS OF OCTOBER THROUGH MAY THE CLUB HOSTS 4 STUDENT GUESTS FROM THE FARGO HIGH SCHOOLS ALLOWING THEM TO SPEAK ON A TOPIC THAT HAS AFFECTED THEIR LIVES THESE STUDENTS ARE ALSO ELIGIBLE TO WRITE AN ESSAY USING THE ROTARY 4-WAY TEST, WITH MONETARY PRIZES HANDED OUT TO A GRAND PRIZE WINNER AND 3 RUNNER UPS THE CLUB ALSO SPONSORS 2 YOUTH AT THE ROTARY SPONSORED YOUTH LEADERSHIP CONFERENCE (Grants \$ 0) If this amount includes foreign grants, check here	30a	950
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	9,223

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 & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0	37a	
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 , section 4912 , section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of DARRELL UTKE Telephone no (701) 293-5011 4200 19TH AVENUE SOUTH Located at FARGO, ND ZIP + 4 581037207		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ☒ and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
46			No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
f Total number of other employees paid over \$100,000				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
d Total number of other independent contractors each receiving over \$100,000		

52	Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	☐ Yes ☐ No
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2012-10-24 Date		
	STEVE HALVERSON, PRESIDENT Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	BOB DALE, CPA	Date	Check if self-employed ☐	Preparer's taxpayer identification number (See instructions) P00670796
	Firm's name (or yours if self-employed), address, and ZIP + 4	WIDMER ROEL, PC 4334 18TH AVE S, SUITE 101 FARGO, ND 581037414			EIN 45-0334950
					Phone no (701) 237-6022
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No					

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
ROTARY INTERNATIONAL - FARGO ROTARY**Employer identification number**

45-6013688

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION MEALS - DINNERS/BANQUETS AMOUNT 422 DESCRIPTION MISCELLANEOUS INCOME AMOUNT 189 DESCRIPTION HAPPY DOLLARS AND FINES AMOUNT 4,066 TOTAL TO FORM 990-EZ, LINE 8 4,677
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION PAYMENTS FOR FOOD SHELTER GRANTEE NAME GREAT PLAINS FOODBANK GRANTEE ADDRESS 1730 3 AVENUE NORTH FARGO, ND 58102 AMOUNT GIVEN 5,100
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION DUES AMOUNT 10,219 DESCRIPTION MEALS AMOUNT 27,222 DESCRIPTION MUSIC AMOUNT 1,680 DESCRIPTION INTERNET AND WEB PAGE DEVELOPMENT AMOUNT 540 DESCRIPTION INSURANCE AMOUNT 66 DESCRIPTION BADGES & ENGRAVING AMOUNT 129 DESCRIPTION MISCELLANEOUS EXPENSES AMOUNT 388 DESCRIPTION LOCAL TRACK MEET AMOUNT 3,173 DESCRIPTION 4H AWARDS AMOUNT 240 DESCRIPTION ROTARY YOUTH LEADERSHIP AWARDS AMOUNT 950 DESCRIPTION BAD DEBTS AMOUNT 2,248 DESCRIPTION BANK FEES AMOUNT 30 DESCRIPTION FOUR WAY ESSAY CONTEST AMOUNT 1,000 DESCRIPTION INTERNATIONAL PROJECTS AMOUNT 2,000 DESCRIPTION CLUB SUPPLIES AMOUNT 159 DESCRIPTION 5 CLUB EXPENSES AMOUNT 2,494 DESCRIPTION PRESIDENTIAL DISCRETIONARY AMOUNT 140 TOTAL TO FORM 990-EZ, LINE 16 52,678
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 2,176 END OF YEAR AMOUNT 274
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 2,693 END OF YEAR AMOUNT 619

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: ROTARY INTERNATIONAL - FARGO ROTARY

EIN: 45-6013688

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data

Software ID:
Software Version:
EIN: 45-6013688
Name: ROTARY INTERNATIONAL - FARGO ROTARY

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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 & deferred compensation	(E) Expense account and other allowances
BILL SLANGER 206 22ND AVENUE N FARGO,ND 58102	INTERNATIONAL SERVICE 1 50	0	0	0
DAVID SHULTZ 612 1/2 MAIN AVENUE FARGO,ND 58103	LOCAL SERVICE 1 50	0	0	0
ANDREA HOCHHALTER 17111 SAYLERS BEACH ROAD LAKE PARK,MN 56554	SECRETARY/TREASURER 1 50	0	0	0
LYNN SPERAL 1434 9 STREET SOUTH FARGO,ND 58103	PRESIDENT ELECT 1 50	0	0	0
CHERYL KNUDSON PO BOX 2545 FARGO,ND 58108	CLUB ADMINISTRATION 1 50	0	0	0
JIM O'DAY PO BOX 2706 FARGO,ND 58108	HISTORIAN 1 50	0	0	0
MATT LANGEMO 1209 9TH ST N FARGO,ND 58102	PAST-PRESIDENT 1 50	0	0	0
DIANNA HATFIELD 2816 32 STREET SW FARGO,ND 58103	DIRECTOR OF MEMBERSHIP 1 50	0	0	0
STEVE HALVERSON 1202 27TH STREET SOUTH FARGO,ND 58103	PRESIDENT 1 50	0	0	0
DIRK OCKHARDT 1002 1 STREET N FARGO,ND 58102	DIRECTOR OF COMMUNICATIONS 1 50	0	0	0