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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2011 calendar year, or tax year beginning		July 1	, 2011, and ending	June 30	, 2012
B Check if applicable		C Name of organization		D Employer Identification number	
<input type="checkbox"/> Address change		Fargo West Rotary		45-6017376	
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)		E Telephone number	
<input type="checkbox"/> Initial return		PO Box 9237		701-239-4749	
<input type="checkbox"/> Terminated		City or town, state or country, and ZIP + 4		F Group Exemption Number ►	
<input type="checkbox"/> Amended return		Fargo, ND 58106			
<input type="checkbox"/> Application pending					

G Accounting Method: Cash Accrual Other (specify) ► _____

I Website: ► _____

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

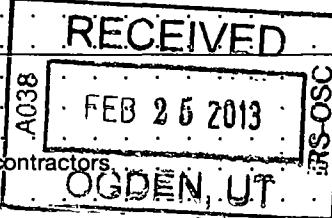
K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	0
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	41,605
	4 Investment income	4	24
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	49,000
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	41,800
c Less: direct expenses from gaming and fundraising events	6c	51,725	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	39,075	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe in Schedule O)	8	10,982	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	91,686	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	56,338
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	0
	14 Occupancy, rent, utilities, and maintenance	14	0
	15 Printing, publications, postage, and shipping	15	2013
	16 Other expenses (describe in Schedule O)	16	26,999
	17 Total expenses. Add lines 10 through 16	17	85,350
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,338
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	14,898
20 Other changes in net assets or fund balances (explain in Schedule O)	20	(1,024)	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	20,212	



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	14,898	22	20,212
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	14,898	25	20,212
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)	14,898	27	20,212

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? Raising Funds for Charity

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 Red River Zoo			
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	28,773
29 Minnesota State Community Technical College			
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	1,800
30 Rotary Youth Leadership Scholarship			
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	1,425
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here	► <input checked="" type="checkbox"/>	31a	15,203
32 Total program service expenses (add lines 28a through 31a)	► <input type="checkbox"/>	32	32,011

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Deb Magnuson 14320 Grandview Lane, Lake Park, MN 56554	President - 20 hours	0	0	0
John Trombley 4398 Estate Drive S, Fargo, ND 58104	President Elect - 10 hours	0	0	0
Ryan McManus 1343 5th ST S, Fargo, ND 58103	Vice President - 5 hours	0	0	0
Jennifer Dahl 1542 8th St S, Fargo, ND 58103	Secretary - 5 hours	0	0	0
Cory Badiner 3221 46th Ave S, Fargo, ND 58104	Treasurer - 10 hours	0	0	0
Heather Johnson-Kjos 3328 46th Ave S, Fargo, ND 58104	Past President - 5 hours	0	0	0
Gerry Brossart 5807 Silverleaf Drive S, Fargo, ND 58104	Director - 5 hours	0	0	0
Rick Larson 1804 Huntington Lane, West Fargo, ND 58078	Director - 5 hours	0	0	0
Arden Glanzer 732 Hortheridge Way, West Fargo, ND 58078	Director - 5 hours	0	0	0
Brad Dahl 1542 8th St S, Fargo, ND 58103	Director - 5 hours	0	0	0
Zac Paulson 1711 17th St S, Fargo, ND 58103	Director - 5 hours	0	0	0
Kathleen Toft 3255 18th St S, Fargo, ND 58104	Director - 5 hours	0	0	0

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

	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	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	37b	✓
b Did the organization file Form 1120-POL for this year?	38a	✓
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?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40b	✓
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► _____		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	✓
41 List the states with which a copy of this return is filed. ► _____		
42a The organization's books are in care of ► Cory Badinger Telephone no. ► 701-239-4749 Located at ► 3221 46th Ave S, Fargo, ND ZIP + 4 ► 58104	42b	Yes
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.	42c	No
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	44a	✓
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
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	44c	✓
c Did the organization receive any payments for indoor tanning services during the year?	44d	
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	45a	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45b	✓
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)		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	49b	✓
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

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

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	2-14-13 Date
	Cory J. Badinger, Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		

May the IRS discuss this return with the preparer shown above? See instructions. M N

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 990-EZ 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
Fargo West Rotary

Employer identification number
45-6017376

990 EZ Line 8: Socials, Guest Fees, Sergeant of Arms, Foundation Pledges

990EZ Line 10: Grants and Similar Amounts Paid: Rotary International Dues \$4,462; Rotary 5580 District Dues \$4,375

Donations: Scholarships \$1,800; Rotary Foundation \$3,427; FM Rotary Foundation \$1,250; Fraser Hall \$1,000

Dictionary Project \$819; School Backpacks \$621; ALS \$1,000; Misc \$262; Red River Zoo \$28,773; International Projects \$2,000

Ryla Camp \$1,425; Great Plains Food Bank \$100; Dakota Boys Ranch \$100; Riding on Angel's Wings \$202;

Oak Grove Carolers \$236; Hospice of the Red River Valley \$100; American Heart Ass. \$300; Disaster Relief \$506;

Engineers w/o Borders (NDSU) \$200; Family Voices of ND \$200; Fill The Dome \$200; FM PM Rotary \$100; FM Symphony \$250

NDSU Development Foundation \$1,000; Red River Services Foundation \$200; Rotary Planting Hope \$330; YWCA \$500;

Cats Cradle Shelter \$200; FM Humane Society \$200; Minnkota PAWS \$200

990EZ Line 16: Other Expenses: Meals, Socials and conferences.

990EZ Line 20: Funds from a Paul Harris Foundation Banquet were sent to Moorhead Rotary, who was in charge of the banquet this year.

990EZ Line 31a: Total of additional donation as summarized in Line 10 above.

990EZ Part IV: Additional Directors

Sheldon Emil, 1112 47th Ave N, Fargo, ND 58102, Director - 5 hours - 0, 0, 0

Joyce Linnenrud Fowler, 3302 Birdie St, Fargo, ND 58102, Director, 5 hours - 0, 0, 0

Carol Rogne, 2619 Cobblestone Court, Fargo, ND 58103, Director, 5 hours - 0, 0, 0

Leann Wolff, 2160 90th St N, Glyndon, MN 56547, Director, 5 hours - 0, 0, 0

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 Peach Sale (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	41,800			
	2 Less: Charitable contributions	13,572			
	3 Gross income (line 1 minus line 2)	28,228			
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	28,228			
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				(28,228)
	11 Net income summary. Combine line 3, column (d), and line 10 ►				0

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Revenue	1 Gross revenue			49,000	
Direct Expenses	2 Cash prizes			1,500	
	3 Noncash prizes			17,349	
	4 Rent/facility costs			0	
	5 Other direct expenses			4,648	
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ►				(23,497)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ►				25,503

9 Enter the state(s) in which the organization operates gaming activities: North Dakota

a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	0 %
b An outside facility	13b	100 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► Brad Dahl

Address ► 1542 S 8th St, Fargo, ND 58103

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ► Brad Dahl

Gaming manager compensation ► \$ 0

Description of services provided ► Paperwork and organization

Director/officer

Employee

Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 14,652

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
