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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2012

OMB No. 1545-1150

Department 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 2012 calendar year, or tax year beginning , 2012, and ending	. ,
B	Check if applicable. Address change	D Employer identification number
-	Name change FORT RANSOM SPORTSMANS CLUB	35-2396021
-	Indial return 5979 117TH AVE SE	E Telephone number
⊢	Terminated FORT RANSOM, ND 58033	701-973-2097
<u> </u>	Amended return	F Group Exemption
X	Application pending	Number
G		k ► X if the organization is not
Ī		ired to attach Schedule B (Form
J		990-EZ, or 990-PF).
K	Check ► X if the organization is not a section 509(a)(3) supporting organization or a section 527 organization rormally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (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 assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.	
Б		
15.	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	
	Check if the organization used Schedule O to respond to any question in this Part I	
	1 Contributions, gifts, grants, and similar amounts received	
	2 Program service revenue including government fees and contracts	
	3 Membership dues and assessments	
	4 Investment income	
	5a Gross amount from sale of assets other than inventory	
	b Less: cost or other basis and sales expenses	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
R	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a	
REVENUE	b Gross income from fundraising events (not including \$ of contributions	
Ñ	from fundraising events reported on line I) (attach Schedule G if the sum of such gross in excluding finitudines exceeds \$15,000)	
Ĕ	of such gross in some encoder with the particular service of \$15,000)	
	c Less: difect expenses from garning and fundraising events	
	d Net income br (loss) from gamint and fordraising events (add lines 6a and 6b and subtract me sc). 7a Gross sales of inventory less returns and allowances	6d
	7a Gross sales of inventory less returns and allowances 7a	
	h loss; sody of grand antity Al III	
	b Less: cost of geode spirit A	7c
		
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	
	10 Grants and similar amounts paid (list in Schedule O)	
	11 Benefits paid to or for members	
EXPENSES	12 Salaries, other compensation, and employee benefits	
P E	13 Professional fees and other payments to independent contractors	
N S	14 Occupancy, rent, utilities, and maintenance	
Ē	15 Printing; publications, postage, and shipping.	15 <u>240.</u>
•	15 Printing; publications, postage, and shipping. 16 Other expenses (describe in Schedule O)	16 15,767.
	17 Total expenses. Add lines 10 through 16	> 17 19,771.
	1.8 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 7,018.
A NS E E T T	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-	f-year
ŤĘ	figure reported on prior year's return).	11,300.
S	Other changes in het assets or fund balances (explain in Schedule O)	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	► 21 18,518.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

	990-EZ (2012) FORT RANSOM SPO			35	-239	6021 Page 2
Par	Balance Sheets. (see the ins Check if the organization used Sche	tructions for Part II.)	uestion in this Part II.			Г
				(A) Beginning of ye		(B) End of year
22	Cash, savings, and investments			11,500		18,518.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			11 500	24	10 510
25 26	Total liabilities (describe in Schedule O)		-	11,500		18,518. 0.
26 27	Net assets or fund balances (line 27 of			11,500		18,518.
	Statement of Program Service Ac					/ Expenses
	Check if the organization used Sci	hedule O to respond to any	question in this Part	III [X		uired for section 501 and 501(c)(4)
What I	s the organization's primary exempt purpose? SEI	SCHEDULE O	the three learnest area		organ	nizations and section
meas	ribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	ccomplishments for each of manner, describe the servi	ces provided, the nu	mber of persons	4947	(a)(1) trusts; optional hers.)
		each program title.			1	
28	SEE SCHEDULE O				1	
					1 1	
	(Grants \$) If th	is amount includes foreign g	rants, check here		28 a	18,733.
29						
]	
			,,			
20	(Grants \$) If th	is amount includes foreign g	rants, check here		29 a	
30						
					1 1	
	(Grants \$) If th	is amount includes foreign g	rants, check here	- F	30 a	
31	Other program services (describe in Sch					
		is amount includes foreign g			31 a	
	Total program service expenses (add lin				32	<u>18,733.</u>
Par	List of Officers, Directors, Check if the organization used Sci	Trustees, and Key Emp hedule O to respond to any	ployees. List each one question in this Part	even if not compensated	(see the	e instructions for Part IV.)
	(a) Name and Trtle	(b) Average hours per week devoted to position	(c) Reportable compensat (Forms W-2/1099-MISC (If not paid, enter -0-)	(d) Health beneficontributions to employee benefit plans, and decompensation	ts, loyee ferred	(e) Estimated amount of other compensation
GRE	G HUUS					
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	AN_ANDERSON	0. 5		,	ا ۸	0
	E PRESIDENT INDA OLSON	0.5)	0.	0.	0.
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TRE	ASURER	1		o.l	0.	0.
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	RELL MENNIS	<u> </u>				•
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			<u> </u> 3/14/13	į.	- 1	

Page 3

33 Did the organization engage in any activity not previously reported to the IRS7 If I'ves; 24 Wes any agrificant changes make to the organization of each activity in Schedule Co. 34 Wes any agrificant changes make to the organization of each activity in Schedule Co. 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as these reported on lines 2.6 a, and 7.8 among others). 35 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 2.6 a, and 7.8 among others). 35 a Did the organization in Schedule Co. 35 b If Yes, 10 line 35a, has the organization filed a Form 990-If for the year? II 'No,' provide an explanation in Schedule Co. 35 c Was the organization undergo a liquidistion, dissolution, termination, or significant disposition of net assets during the year? II 'Yes,' complete applicable parts of Schedule N. 36 Did the organization undergo a liquidistion, dissolution, termination, or significant disposition of net assets during the year? II 'Yes,' complete applicable parts of Schedule N. 38 Did the organization in Form 1129-PDL for the year? 38 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 after end of the fax year covered by this return? 38 Did the organization in Form 1129-PDL for this year? 38 Did the organization form the second of the year and still outstanding after end of the fax year covered by this return? 39 Section 501 (O) organizations. Enter any such loans the properties of the second of the properties of the second of	.Par	Other Information (Note the Schedule A and personal benefit contract statement returned the instructions for Part V) Check if the organization used Schedule O to respond to any	quirements in SEE SCHED question in this Part V	ULE	0	<u> X</u>
year or the adetailed description of each activity in Schedule 0. ### Wear bits upinized triangers and the organized program (decrement if 11 "Yes," statis a conformed copy of the amended documents if they reflect a sharpe to the organizations name. Otherwise, ceptan the change on Schedule 0 (see instructions) ### Sap. Ded the organization have unrealized bissness gress in science of \$1,000 more during the year from business activities. ### Sap. Ded the organization in Sec. 6a, and 7a, among others)? ### Sap. 11 "Yes," I only a Sap. the time 52, 6a, and 7a, among others)? ### Sap. 11 "Yes," I only a Sap. the section 6033(o) notice, comparization under go a liquidation, disposition subject to section 6033(o) notice, comparization undergo a liquidation, disposition, termination, or significant subject to section 6033(o) notice, comparization undergo a liquidation, disposition, termination, or significant or section 6033(o) notice, comparization undergo a liquidation, disposition, termination, or significant or section 6033(o) notice, comparization undergo a liquidation, disposition, termination, or significant or section 6033(o) notice, comparization or for the seasests during the year? If "Yes," complete applicable parts of Schedule N. ### Sap. Ded the organization in Section 112.Pol. for this year? ### Ded the organization in Section 112.Pol. for this year? ### Ded the organization in Section 112.Pol. for this year? ### Ded the organization in Section 112.Pol. for this year? ### Ded the organization in Section 112.Pol. for this year? ### Sap. If "Yes," complete Schedule I. Part I and enter the total amount involved. ### If "Yes," complete Schedule I. Part I and enter the total amount involved. ### Ded to Good prograzion in Section 192	33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes.'			Yes	No
a charge to the organization's name. Otherwise, explain the change or Schedule () (see instudency) 35 a Dut the organization have undereated business gross income of \$1.000 or more during the year from business activities (such as those reported on lines 2, 6.a. and 7.a., among others)? b If 1'Meys () tine 35a, has the organization filed a Form 990-1 for the year? If No, provide an explanation in Schedule () 35 b b If 1'Meys () tine 35a, has the organization filed a Form 990-1 for the year? If No, provide an explanation in Schedule () 35 b b If 1'Meys () tine 35a, has the organization of the year? If No, provide an explanation in Schedule () 35 b b If 1'Meys () tine 35a, has the organization of reporting and provide the organization of provide an explanation in Schedule () 35 c X 35 Did the organization undergo a liquidation, dissolution, termination, or significant disposition or reflect assessment of the year? If New () organization or reflect seek () 35 c X 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	00	provide a detailed description of each activity in Schedule O		33		Х
35a but 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)	34			24		.,
b if Yes, to line 35a, has the organization filed a Form 990-T for the year? If No; provide an explanation in Schedule 0. Was the organization as decinion 501(c)(4) 501(c)(6), explosition subject to section 633(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III. 35 Did the organization undergon a liquidation, discolution, termination, or significant disposition of net assets during the year? If Yes, complete Schedule C, Part III. 36 X 37 Enter amount of political expenditurus, direct or Indirect, as described in the instructions. * 37	3 5 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from	business activities			<u> </u>
e Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6032(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III \$35	L	•				X
35 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year If 'res,' complete particular parts of Schedule N. 36 a Did the organization for Perior of Indirect, as described in the instructions. * 37 a 0 37 b 3				. 33 0		-
disposition of net assets during the year? If Yes, complete applicable parts of Schedule N. 35 a Enter amount of political expenditures, effect or indirect, as described in the instructions. * 137a			1	35 c		Х
b Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any orficer, 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? 38 b If Yes, 'complete Schedule, L. Part II and enter the total amount involved. 39 Section 501(c)(7) organizations. Enter: 3 Initiation fees and capital contributions included on line 9. 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 39 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 ≥ 0. 39 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit any any of its prior forms 991 or 990-E27 If Yes, 'complete Schedule L. Part II. 39 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit any any of its prior forms 991 or 990-E27 If Yes, 'complete Schedule L. Part II. 39 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax into any of its prior forms 991 or 990-E27 If Yes, 'complete Schedule L. Part II. 39 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of 501(c)(4) organizations and tax on line 40c reimbursed by the organization of 101(c)(4) organization of tax on line 40c reimbursed by the organization of 101(c)(5) organization organization organization and tax organization maintain an office outside of the U.S.? 30 Section 501(c)(5) organization organization organization maintain an office	30			36		Х
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as Section 501 (c)(2) organizations. Enter: a initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 40 a Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 * 0 , section 4912 * 0 , section 4955 excess benefit transaction during the year or did it engage in an excess benefit transaction during the year or did it engage in an 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 Fostedule 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 k. 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 k. Part I. d 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 k. Part I. d Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax selleter transaction? If Yes, complete Form 8866-T. 40		any such loans made in a prior year and still outstanding at the end of the tax year covered	employee or were by this return?			
33 Section 501 (c)(?) organizations. Enter: a initiation fees and capital contributions included on line 9. 33 N/A 35 Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 491 \(^1 \) 0.; section 4912 \(^2 \) 0.; section 4915 \(^2 \) 0.; section 4916 \(^2 \) 0.; section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax imposed on organization 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. 40 Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of 10 (c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax sheler transaction? If Yes, complete Form 8866 - 1. 41 List the statics with which a copy of this return is filed \(^2 \) NONE 42 a The organization's books are in care of \(^2 \) CREG HUUS Loaded at \(^2 \) 5979 117TH AVE SE FORT RANSOM ND 28 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)? 42 b At any time during the calendar year, did the organization maintain an office outside of the U.S.? 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 44 and enter the amount of tax-exempt interest received or accrued during the tax year 45 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 54 In Yes, 'enter the name of the foreign coun	b		20 h NT / A	Mark.	1	
a initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39	39				***	
b Gross receipts, included on line 9, for public use of club facilities. 40 a Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 * 0 ; section 4912 * 0 ; section 4955 * 0 . 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 during the year or did it engage in an excess benefit transaction during the year or did it engage in an excess benefit transaction in a prory year that has not been reported on any of its prior Forms 990 or 990-EZ7 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. 2 Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 2 A section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 3 A section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 4 Decided 7 Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 4 Decided 7 Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 4 Decided 7 Section 501 (c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 4 Decided 7 Section 501 (c)(4) organizations. Enter amount of tax or line 40c reimbursed by the organization appear and tax organization appear and tax organization. 4 Decided 7 Section 501 (c)(4) organization 601 (c)(4) organization 601 (c)(4) organization 601 (c)(4) o					10	
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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 I., 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 8885-T. 40	ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 49	58 excess benefit	22		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons outing 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 8896-T. 41 List the states with which a copy of this return is filed NONE A2a The organization's books are in care of PAREG. HUIS Located at P 5979 117TH AVE SE FORT RANSOM ND IP 4 58033 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country.* See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country.* 43 Section 4947(a)(1) nonexempt charitable trusts filling 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 A3 N/A A4a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 44 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. 45 b Did the organization receive any payments for indoor tanning services during the year? 46 b Did the organization in Schedule O the organization within the meaning of section 512(b)(13)? If 'Yes,' b Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' b Did the organization have a controlled en		transaction during the year or did it engage in an excess benefit transaction in a prior year that has	not been reported	40 b		v
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 8865-T. 41 List the states with which a copy of this return is filed \(^{\text{NONE}}\) NONE 42a The organization's books are in care of \(^{\text{Post}}\) GREG HUDS Located at \(^{\text{Post}}\) 579 117TH AVE SE FORT RANSOM ND Located at \(^{\text{Post}}\) 5979 117TH AVE SE FORT RANSOM ND Located at \(^{\text{Post}}\) 5979 117TH AVE SE FORT RANSOM ND Located at \(^{\text{Post}}\) 5979 117TH AVE SE FORT RANSOM ND Located at \(^{\text{Post}}\) 5979 117TH AVE SE FORT RANSOM ND Located at \(^{\text{Post}}\) 5979 117TH AVE SE FORT RANSOM ND Located at \(^{\text{Post}}\) 5979 117TH AVE SE FORT RANSOM ND Located at \(^{\text{Post}}\) 5979 117TH AVE SE FORT RANSOM ND Located at \(^{\text{Post}}\) 5979 117TH AVE SE FORT RANSOM ND Located at \(^{\text{Post}}\) 5979 117TH AVE SE FORT RANSOM ND Located at \(^{\text{Post}}\) 5979 117TH AVE SE FORT RANSOM ND Located at \(^{\text{Post}}\) 5979 117TH AVE SE FORT RANSOM ND Located at \(^{\text{Post}}\) 59033 ViP+ 4 \(^{\text{Post}}\) 58033 ViP+ 4 \(^{\text{Post}}\) 58033 ViP+ 4 \(^{\text{Post}}\) 68033 ViP+ 4 \(^{\text{Post}}\) 701-973-2097 Located at \(^{\text{Post}}\) 58033 ViP+ 4 \(^{\text{Post}}\) 68033 ViP+ 4 \(^{\text{Post}}\) 68033 ViP+ 4 \(^{\text{Post}}\) 701-973-2097 Located at \(^{\text{Post}}\) 6704 and accountly 6704 and	_			CARRY.	ATLC:	<u> </u>
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	b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	of section 512(b)(13)? If 'Yes,'		7442	X

Page 4

						Yes	
46 Did	the organization engage, directly or indire didates for public office? If 'Yes,' complete	ctly, in political campa	ign activities on behalf o	of or in opposition to	46	1122	10
			***************************************		40		X
Indrew.	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	ons must answer q	uestions 47-49b and	d 52, and complete	the table	es	
	Check if the organization used Schedul	e O to respond to any	question in this Part VI.				П
					<u> </u>	Yes	No
	the organization engage in lobbying activities iplete Schedule C, Part II	or have a section 501(h)	election in effect during	the tax year? If 'Yes,'	47		Х
	ne organization a school as described in se						X
49 a Did	the organization make any transfers to an	exempt non-charitable	e related organization?		49 a		X
	es,' was the related organization a section						L
50 Com	plete this table for the organization's five high loyees) who each received more than \$100,00	nest compensated emplo 00 of compensation from	yees (other than officers, the organization, if there	directors, trustees and ki	Эу		
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
NONE							
	· · ·						
		·					
		00.000					
	Il number of other employees paid over \$1 plete this table for the organization's five high		andent contractors who es	uch received more than \$	100 000 of		
com	pensation from the organization. If there is	s none, enter 'None.'	Shacili contractors who ca	ich received more than w	100,000 01		
(a)	Name and address of each independent contractor paid	more than \$100,000	(b) Type (of service	(c) Comp	ensatio	n
NONE							
							
d Tota	I number of other independent contractors	each receiving over \$	100,000				
	the organization complete Schedule A? No Itable trusts must attach a completed Sch				► X Yes		No
Under penalti	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than officer	including accompanying sched	fules and statements, and to the	best of my knowledge and beli			
uue, correct,	and complete: Designation of prepare (other than officer) is based on all whormation o	Which preparer has any known	- 1141,	2		
Sign	Signature of officer			Date			
Here	GREG HUUS Type or print name and title.			PRESIDENT	<u> </u>		
	Print/Type preparer's name	Proparer's signature	Date		TIN .		
Daid	CYNTHIA G. OLSON, CPA	(Ath	la 18/17/	Check if self-employed P	0001744	9	
Paid Preparer	Firm's name ► CYNTHIA G. OLSON	V, CPA, PC					
Use Only	Firm's address ► 302 MAIN STREET				20-3764		
	LISBON, ND 58054	1		Phone no. 701	<u>-683-270</u>	00_	
May the IF	RS discuss this return with the preparer sh	own above? See instru	uctions	····	. ► X Yes		No
					Form 990	-EZ (2012)

SCHÈDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

/ Opento Publica

Employer identification number

			SPORTS											<u> 396021</u>			
Par	th	Reaso	n for Pub	olic Cha	arity Sta	itus	(All org	anizations	must o	comple	ete this	part.) See i	nstruct	ions.		
The	orga	nization i	s not a priv	ate foun	dation bed	cause	it is: (Fo	or lines 1 thre	ough 11,	check o	only one	box.)					
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2	Н		•					h Schedule									
3	Н							ation describ		ction 17	0(b)(1)(A)(iii).					
4	-							ction with a					70/bY1Y	AYiii). Fr	nter the ho	spital's	s
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5		170(b)(1)	(A)(iv). (C	omplete :	Part II.)		-	_	•				ir uriit de	Scribed in	Section		
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	X	in section	n 1 70(b)(1)	(A)(vi). ((Complete	Part	t II.)	t of its suppo			ieritai uri	iit or iror	n the ge	nerai pub	iic describe	u	
8	Ц		-					(vi). (Comple									
9		related to unrelated	its exempt	functions	- subject	to ce	ertain exce	1/3% of its su ptions, and (a businesses acc	no mor	e than 3	3-1/3% (of its sur	port from	n gross ir	rvestment ir	m acti ncome	vities and
10		_	_		•		-	to test for p		-			• •				
11		An organi supported supportin	ization organ d organizatio ng organiza	nzed and ons description and	operated e bed in sec complete	xclusi tion 5 lines	vely for th 509(a)(1) o s 11e thro	e benefit of, to or section 509 ough 11h.	o perform 9(a)(2). S	the fund ee secti e	tions of, on 509(a)	or carry (3). Che	out the p ck the bo	ourposes of ox that de	of one or mo scribes the	re pub type o	olicly of
		а Птур	oe I	ь Птур	pe II	c	Type	III - Functio	nally into	egrated		d 🗍 🤚	Type III	- Non-fu	unctionally	integr	ated
е		other that	king this boo n foundation 509(a)(2).	x, I certif manage	fy that the	orga er tha	anization in one or r	is not contro nore publicly	lled direct supportect	ctly or ir	ndirectly zations d	by one escribed	or more	disquali on 509(a)	fied persor (1) or	าร	
f		If the org	anization red	ceived a v	written dete	ermin	ation from	the IRS that	ıs a Type	i, Type	II or Typ	e III sup	porting	organizati	on,		П
			is box												• • • • • • • • • • •		. ப
g		Since Au	igust 17, 20	106, nas	tne organ	izatio	on accept	ed any gift o	or contrib	oution fr	om any	of the f	ollowing	persons	i ?		
		<i>(</i>)		المالم معالم	:		المحاجبات						J :_ 7!\			Yes	No
		(i) A p	ow, the gov	erning b	ody of the	sup	ported or	ther alone or ganization?.				escribe	a III (II)		11 g (i)		
		(ii) A f	amily meml	ber of a	person de	scrib	ed in (i) a	above?							11 g (ii)		
			-		•			in (ı) or (ıi) a							11 g (iii)		<u> </u>
h				_				ed organizati			• • • • • • •				119 (111)		
"						1 110			- 	la 4ha	144 54		4.33	- 41	(vii) Amouni	of mon	etan.
		organ	supported szation		(ii) EIN		above o	of organization d on lines 1-9 r IRC section structions))	column (i	Is the zation in	(v) Did yo the organ column (supp	ization in i) of your port?	organiz colur organiz	s the vation in mn (i) ed in the S ?		port	letary
						j			Yes	No	Yes	No	Yes	No			
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(A)				<u> </u>								ļ					
В)																	
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(C)		_															
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Total				13		7					15.67	177	1				
4ΔΔ	For	Panerwo	rk Reductio	on Act N	otice see	the i	Instructio	ns for Form	990 or 9	14N-F7.			Schadula	A /Form	'990 or 990	Fフ 2	กาว

Part II' Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
beg	endar year (or fiscal year inning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')				19,604.	10,152.	29,756.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	0.	0.	0.	19,604.	10,152.	29,756.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						29,756.
Sec	tion B. Total Support			7. 22 - 2 2			
Cale beg	endar year (or fiscal year inning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	0.	0.	0.	19,604.	10,152.	29,756.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				12.	15.	27.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).				19,126.	16,622.	35,748.
11	Total support. Add lines 7 through 10	Active No.					65,531.
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	► [X]
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						%
15	Public support percentage from	2011 Schedule A,	Part II, line 14			15	%
16	33-1/3% support test – 2012. If and stop here. The organization	the organization of qualifies as a pub	did not check the olicly supported or	box on line 13, ar	nd the line 14 is 3	3-1/3% or more, ch	neck this box
ŀ	33-1/3% support test — 2011. If the and stop here. The organization	the organization d ı qualıfıes as a pul	id not check a bo blicly supported o	x on line 13 or 16 rganızatıon	a, and line 15 is 3	33-1/3% or more, c	heck this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	test, check this	box and stop her	e. Explain in Part I	V how
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organi	meets the 'facts-a d-circumstances' t	and-circumstances test. The organiza	s' test, check this ition qualifies as a	box and stop her a publicly supporte	e. Explain in Part I ed organization	V how the ►
BAA				,,,	 	edule A (Form 990	<u></u>
	•				SCII	ocuule A (I OIIII 330	· · · · · · · · · · · · · · · · · · ·

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees						
	received. (Do not include any 'unusual grants.')						
2	Gross receipts from admis-						
	sions, merchandise sold or services performed, or facilities					[
	furnished in any activity that is			ļ	'		
	related to the organization's tax-exempt purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on						
5	its behalf			_			
•	facilities furnished by a			İ			
	governmental unit to the organization without charge						
6	-					-	
	Total. Add lines 1 through 5 Amounts included on lines 1.					-	
, ,	2, and 3 received from						
	disqualified persons.						
	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that				İ	1	
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year					[
C	: Add lines 7a and 7b						
8	Public support (Subtract line		TO SHAPE OF THE	4.		-	,
	7c from line 6.)	The state of the s				2015 2 AV	
<u>Sec</u>	tion B. Total Support						
		/-> 0000	4L\ 0000	(~\ 0010	/J\0011	4-X 0010	A Takal
	dar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10 a	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10 a	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10 a	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10 a	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10 a	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10 a	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10 a b	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10 a b	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10 a b	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10 a b 11	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10 a b 11	Amounts from line 6						
9 10 a b 11	Amounts from line 6						
9 10 a b 11 12 13 14 Sec	Amounts from line 6	is for the organize stop hereblic Support P	ation's first, secon	nd, third, fourth, o	r fıfth tax year as	a section 501(c)(3	3)▶□
9 10 a b 11 12 13 14 Sec 15	Amounts from line 6	is for the organize stop hereblic Support P	ation's first, secon	nd, third, fourth, o	r fıfth tax year as	a section 501(c)(3	3)
9 10 a 11 12 13 14 Sec 15 16	Amounts from line 6	is for the organiza stop here	ercentage (f) divided by lir	nd, third, fourth, o	r fıfth tax year as	a section 501(c)(3	3)▶□
9 10 a b 11 12 13 14 Sec 15 16 Sec	Amounts from line 6	is for the organize stop hereblic Support P 112 (line 8, column 2011 Schedule A, estment Incon	ercentage (f) divided by lir Part III, line 15	nd, third, fourth, o	r fıfth tax year as	a section 501(c)(3	3)► ☐
9 10 a 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6	is for the organiza stop here blic Support Poll2 (line 8, column 2011 Schedule A, restment Incomor 2012 (line 10c,	ercentage of (f) divided by lir Part III, line 15 ne Percentage column (f) divide	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3	3)
9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6	is for the organization here	ercentage n (f) divided by lir Part III, line 15 ne Percentage column (f) divided	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3	3)
9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6	is for the organization here	ercentage n (f) divided by lir Part III, line 15 ne Percentage column (f) divided	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3	3)
9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6	is for the organization this box and stop the stop here	ercentage n (f) divided by lir Part III, line 15 ne Percentage column (f) divided le A, Part III, line did not check the bere. The organ	nd, third, fourth, one 13, column (f)) But displayed by line 13, column 17	r fifth tax year as mn (f)) and line 15 is more as a publicly suppo	a section 501(c)(3 15 16 17 18 a than 33-1/3%, ar orted organization	3)
9 10 a b 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6	is for the organization the organization, check this box and stop to the organization or control or	ertion's first, secon ercentage of (f) divided by lir Part III, line 15 ne Percentage column (f) divided le A, Part III, line did not check the organ did not check a b and stop here. The	nd, third, fourth, one 13, column (f)) and by line 13, column 17	r fifth tax year as mn (f)) and line 15 is more a publicly suppoine 19a, and line 1 alifies as a public	a section 501 (c) (3	8)

Schedule A (Form 990 or 990-EZ) 2012 F(ORT RANSOM SPORTSMANS CLUB	35-2396021 Page 4
Part IV Supplemental Information Part II, line 17a or 17b; an (See instructions).	. Complete this part to provide the explana d Part III, line 12. Also complete this part fo	ations required by Part II, line 10; or any additional information.
(Coo mon donono)		

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

FORT RANSOM SPORTSMANS CLUB 35-2396021	
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE	
TO PROVIDE RESOURCES TO AREA SPORTSMEN WHILE PROMOTING SAFE AND RESPONSIBLE	
HUNTING AND FISHING PRACTICES. ALSO ORGANIZED TO INTRODUCE YOUTH TO THE SPOR	RT_OF
HUNTING AND FISHING.	
FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	
PROMOTE THE SPORT OF HUNTING AND FISHING AND ENCOURAGE YOUTH TO PARTICIPATE I	[N
OUTDOOR HUNTING AND FISHING ACTIVITIES. IMPLEMENTED A PHEASANT RELEASE PROGR	RAM
WHERE PHEASANTS ARE RAISED BY LOCAL VOLUNTEERS AND RELEASED IN AN EFFORT TO	
INCREASE THE PHEASANT POPULATIONS.	
FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRA	ACTS
(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR	
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR	
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO
	
	
	
	
	

2012 SCH	EDULE O - SUPPLEMENTAL INFORMATION	PAGE 2
CLIENT FORTRASP	FORT RANSOM SPORTSMANS CLUB	35-2396021
8/14/13		03:49PN
FORM 990-EZ, PART I, LI OTHER EXPENSES BANQUET EXPENSES	\$	7,996.
FISHING & HUNTING A	CT. EXP.	835. 1,158. 556.
PHEASANT RELEASE PRO	DJECT.	3,531. 487.
SUPPLIES	IG	287. 14. 903.
TOOLI DIL HIL ,	TOTAL \$	15,767.

LIENT FORTRASP	DULE A, F			MANS CLUB			35-23960
14/13		KI KANSO	WI SPURTSI	MANS CLUB			03:57
PART II, LINE 10 - OTHE	R INCOME						
NATURE AND SOURCE		12	2011	2010	2009		2008
PROGRAM SERVICE INC	COME \$ 10	5,622. \$	19,126. 19,126.				
7	OTAL \$ 16	5,622. 5,622. \$	19,126.	\$ 0	. \$	0. \$	0.
					r		
-							

Form **8868**

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury File a separate application for each return. Internal Revenue Service • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extention on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Parties Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only. . . . All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or print FORT RANSOM SPORTSMANS CLUB 35-2396021 Social security number (SSN) Number, street, and room or suite number. If a P.O. box, see instructions. File by the due date for 5979 117TH AVE SE filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions FORT RANSOM, ND 58033 Application Is For Application Return Return Code Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 02 Form 990-BL Form 1041-A กล 03 Form 4720 09 Form 4720 (individual) Form 5227 Form 990-PF 04 10 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 Form 990-T (trust other than above) 06 12 The books are in the care of ► GREG HUUS Telephone No. ► 701-973-2097 FAX No. ► If the organization does not have an office or place of business in the United States, check this box..... If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box..... ▶ . If it is for part of the group, check this box.... ▶ and attach a list with the names and EINs of all members the extension is for. 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time , 20 13 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 12 or tax year beginning ____ , 20 __ , and ending If the tax year entered in line 1 is for less than 12 months, check reason: | Initial return Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3 a | \$ 0. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax 3 b S 0. payments made. Include any prior year overpayment allowed as a credit c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions...... 3 c |\$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.