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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

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 2012 calendar year, or tax year beginning July 1, 2012, and ending June 30, 2013

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: ► **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 ►

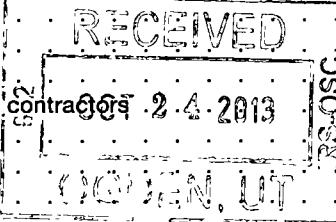
Revenue	1 Contributions, gifts, grants, and similar amounts received	1 0
2 Program service revenue including government fees and contracts	2 0	
3 Membership dues and assessments	3 42,695	
4 Investment income	4 22	
5a Gross amount from sale of assets other than inventory	5a	
b Less: cost or other basis 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 56,900	
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 42,328	
c Less: direct expenses from gaming and fundraising events	6c 53,890	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 45,338	
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 7,646	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 95,701	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 62,456
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15 2,877	
16 Other expenses (describe in Schedule O)	16 24,801	
17 Total expenses. Add lines 10 through 16 ►	17 90,134	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 5,567
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 20,212	
20 Other changes in net assets or fund balances (explain in Schedule O)	20 0	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 25,799	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2012)

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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 <input type="checkbox"/>	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	20,212	22 25,799
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	0	24 0
25	Total assets	20,212	25 25,799
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)	20,212	27 25,799

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 <input type="checkbox"/>	
What is the organization's primary exempt purpose? <u>Raising Funds for Charity</u>			

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 34,039
29	MState Scholarships			
	(Grants \$) If this amount includes foreign grants, check here		► <input type="checkbox"/>	29a 1,800
30	Rotary Youth Leadership Scholarships			
	(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 type="checkbox"/>	31a 16,001
32	Total program service expenses (add lines 28a through 31a)			► 32 53,265

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 <input checked="" type="checkbox"/>	

(a) Name and title	(b) 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
John Trombley				
4398 Estate Drive S, Fargo, ND 58104	President - 20 hours	0	0	0
Ryan McManus	President Elect - 10 hours	0	0	0
1343 5th St S, Fargo, ND 58103				
Mary Johnson	Vice President - 5 hours	0	0	0
4981 Kitzke Drive, Oxbow, ND 58047				
Jennifer Dahl	Secretary - 10 hours	0	0	0
1542 8th St S, Fargo, ND 58103				
Cory Badiner	Treasurer - 10 hours	0	0	0
3221 46th Ave S, Fargo, ND 58104				
Deb Magnuson	Past President - 5 hours	0	0	0
14320 Grandview Lane, Lake Park, MN 56554				
Gerry Brossart	Director - 5 hours	0	0	0
5807 Silverleaf Drive S, Fargo, ND 58104				
Brad Dahl	Director - 5 hours	0	0	0
1542 8th St S, Fargo, ND 58103				
Arden Glanzer	Director - 5 hours	0	0	0
732 Northridge Way, West Fargo, NE 58078				
Zac Paulson	Director - 5 hours	0	0	0
1711 17th St S, Fargo, ND 58103				
Kathleen Toft	Director - 5 hours	0	0	0
3255 18th St S, Fargo, ND 58104				
Susan Giesel	Director - 5 hours	0	0	0
6083 Silverleaf Drive S, Fargo, ND 58104				

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

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

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)

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)?

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

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

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a**

b Did the organization file Form 1120-POL for this year?

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?

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

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

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** Located at ► **3221 46th Ave S, Fargo, ND**

Telephone no. ► **701-239-4749**

ZIP + 4 ► **58104**

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 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

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

c Did the organization receive any payments for indoor tanning services during the year?

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 Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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)

	Yes	No
33		✓
34		✓
35a		✓
35b		✓
35c		✓
36		✓
37a		
37b		✓
38a		✓
38b		
39a		
39b		
40a		
40b		✓
40c		
40d		
40e		✓
41		
42a		
42b		✓
42c		✓
43		
44a		✓
44b		✓
44c		✓
44d		✓
45a		✓
45b		✓

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 only

All section 501(c)(3) organizations 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.

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 Cory J. Badiner, Treasurer Type or print name and title	10-11-13 Date
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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 ►		
	Firm's address ►		Phone no		

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

Form 990-EZ (2012)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

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.

2012

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 \$4,685; Rotary 5580 District Dues \$4,506

Donations: Scholarships \$1,800; Rotary Foundation \$3,625; FM Rotary Foundation (Project English) \$750;

Fraser Hall \$1,143; Dictionary Project \$679; United Way (School Backpacks) \$804; Miracle Field \$500; Ryla Camp \$1,425;

Great Plains Food Bank \$1,000; International Project \$2,000; Red River Zoo \$34,039; American Red Cross \$500;

Zimbabwe Food Security Project \$250; New Town Rotary Sandy Hook School \$250; American Cancer Society \$500;

Red River Human Services Foundation Activity Center \$500; Bonanzaville \$500; Make-A-Wish Foundation \$500;

Habitat For Humanity \$500; YWCA \$500; Plains Art Museum \$500; FM Symphony \$500; Salvation Army \$250;

Feed the Children \$250.

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

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

990 EZ 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

Betty Opheim, 94E Prairiewood Drive, Fargo, ND 58103, Director, 5 hours - 0, 0, 0

Melvin Whitney, 4278 39th Ave S, Fargo, ND 58104, Director, 5 hours - 0, 0, 0

Rick Larson, 1804 Huntington Lane, West Fargo, ND 58078, 5 hours - 0, 0, 0

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Employer identification number

45-6017376

Fargo West Rotary

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a Mail solicitations e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No		
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

North Dakota

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	42,329		
	2 Less: Contributions	11,301		
	3 Gross income (line 1 minus line 2)	31,028		
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses	31,028		
10 Direct expense summary. Add lines 4 through 9 in column (d) ►				(31,028)
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			56,900
	2 Cash prizes			1,500
	3 Noncash prizes			17,599
Direct Expenses	4 Rent/facility costs			0
	5 Other direct expenses			3,762
	6 Volunteer labor	<input type="checkbox"/> Yes ----- % <input type="checkbox"/> No	<input type="checkbox"/> Yes ----- % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No
	7 Direct expense summary. Add lines 2 through 5 in column (d) ►			(22,861)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ►			34,039

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

b An outside facility

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

13a	100 %
13b	0 %

Name ► Brah DahlAddress ► 1542 8th St S, 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 DahlGaming manager compensation ► \$ 0.00Description 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 ► \$ 14,893

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).
