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SCANNED NOV 1 4 2013

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2012

OMB No 1545-1150

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.

Open to Public Inspection

| Department of the Treasury Internal Revenue Service | | | | Inspection | | | | | |
|--|--|--|-----------------------|---|--|--|--|--|--|
| A | For the 2012 calendar year, or tax year beginning 7/1 , 2012, and ending | | | , 20 13 | | | | | |
| _ | Check if ap | | 6/30 D Employer id | entification number | | | | | |
| | Address o | i | | | | | | | |
| $\overline{}$ | Name cha | KIDEK WAROTT KORAETTKE T KOTEOTION DISTRICT | | 5-6029517 | | | | | |
| | Initial retu | | E Telephone number | | | | | | |
| | Terminate | PO BOX 1 | | 11-758-2271 | | | | | |
| | Amended | Total I | F Group Exe | | | | | | |
| | Applicatio | n pending RYDER, ND 58779-0001 | Number 1 | | | | | | |
| G / | Account | ting Method: Cash Accrual Other (specify) H Cl | heck ▶ 🗹 | f the organization is no t | | | | | |
| | Websit | | equired to att | ach Schedule B | | | | | |
| JT | ах-ехеп | npt status (check only one) — ☐ 501(c)(3) | orm 990, 99 | 0-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 gros | s receipts are normally | | | | | |
| • | not mor | e 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 | | | | | |
| 1 | the orga | anization chooses to file a return, be sure to file a complete return. | | | | | | | |
| LA | Add lines | s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (I | Part II, | | | | | | |
| lı | ne 25, c | olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ | . ▶ \$ | | | | | | |
| Р | art I | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in | nstructions | for Part I) | | | | | |
| | | Check if the organization used Schedule O to respond to any question in this Part I. | | 🗹 | | | | | |
| | 1 | Contributions, glfts, grants, and similar amounts received | . 1 | 75,098.95 | | | | | |
| | 2 | Program service revenue including government fees and contracts | 2 | | | | | | |
| | 3 | Membership dues and assessments | 3 | | | | | | |
| | 4 | Investment income | 4 | 129.35 | | | | | |
| | 5a | Gross amount from sale of assets other than inventory 5a | · · | 125.53 | | | | | |
| | b | Less: cost or other basis and sales expenses | | | | | | | |
| | | | — ₅₀ | • | | | | | |
| • | C | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | | | | | | |
| | 6 | | | | | | | | |
| Revenue | а | Gross income from gaming (attach Schedule G if greater than \$15,000) | | | | | | | |
| 9 | b | Gross income from fundraising events (not including \$ of contributions | | | | | | | |
| æ | 1 | from fundraising events reported on line 1) (attach Schedule G if the | 1 1 | | | | | | |
| | | sum of such gross income and contributions exceeds \$15,000) 6b | | | | | | | |
| | С | Less: direct expenses from gaming and fundraising events (FD) . 6c | | | | | | | |
| | d | Net income or (loss) from gaming and fundraising events (add lines, 6a and 6b and subti | ract | | | | | | |
| | | line 6c) | 6d | (| | | | | |
| | 7a | Gross sales of inventory, less returns and allowances 0 1 2013 . 7a | | | | | | | |
| | ь | Less: cost of goods sold | | | | | | | |
| | c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | (| | | | | |
| | 8 | Other revenue (describe in Schedule O) | 8 | | | | | | |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | . ▶ 9 | 75,228.30 | | | | | |
| | 10 | Grants and similar amounts paid (list in Schedule O) | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
| | 11 | Benefits paid to or for members | | | | | | | |
| ဟ | 12 | Salaries, other compensation, and employee benefits | | 3960.00 | | | | | |
| Expenses | 13 | Professional fees and other payments to independent contractors | | 3900.00 | | | | | |
| ĕ | 14 | Occupancy, rent, utilities, and maintenance | | | | | | | |
| 놞 | 15 | Printing, publications, postage, and shipping | | 22,844.70 | | | | | |
| - | 1 | | | 1473.76 | | | | | |
| | 16 | Other expenses (describe in Schedule O) | | 68,216.14 | | | | | |
| | 17 | Total expenses. Add lines 10 through 16 | ▶ 17 | 96,494.60 | | | | | |
| ষ্ট | 18 19 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | (21,266.30) | | | | | |
| 556 | '9 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree vend of year figure reported on prior year's return) | 1 1 | | | | | | |
| Net Assets | | end-of-year figure reported on prior year's return) | | 223,925.80 | | | | | |
| <u> </u> | 20 | Other changes in net assets or fund balances (explain in Schedule O) | | | | | | | |
| _ | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | ▶ 21 | 202,659.50 | | | | | |

| Onn. | 39U-LZ (A | 2012) | | | | | | | Page 4 |
|----------|---|---|---------------------------------|-------------|---------------------------------|--|--|-------------|--|
| Pa | rt II | | ets (see the instruction | | | | _ | | |
| | | Check if the org | ganization used Sched | ule O to r | espond to a | ny question in this | | | |
| | | | | | | | (A) Beginning of year | | (B) End of year |
| 22 | | | vestments | | | | 83,925.80 | | 62,659.50 |
| 23 | | • | | | | | 140,000.00 | | 140,000.00 |
| 24 25 | | er assets (describ a l assets . . . | e in Schedule O) | | | | | 24 | |
| 26 | | | ribe in Schedule O) . | | | | 22 3 ,925.80 | 1 1 | 202,659.50 |
| 27 | | | palances (line 27 of colu | | | | 223,925.80 | - | 202,659.50 |
| | | | Program Service Acc | | | | | 21 | |
| | | | ganization used Sched | - | • | | • | (Dag | Expenses |
| Wha | is the | | rimary exempt purpose? | | | <u> </u> | <u> </u> | | quired for section (c)(3) and 501(c)(4) |
| Desc | ribe th | ne organization's | program service accon | nnlishment | s for each o | f its three largest r | ornaram services | | inizations and section |
| as m | neasure | ed by expenses. | In a clear and concise | manner, | describe the | e services provide | d, the number of | | 7(a)(1) trusts; optional others) |
| pers | ons be | nefited, and other | r relevant information fo | r each pro | gram title. | | • | | |
| 28 | | | | | | | | | |
| | | | ••••• | | | | | | |
| | | | | | | | ••••• <u></u> - | | |
| | (Grant | ts\$ |) If this amo | unt include | es foreign gra | ints, check here . | <u> ▶ 🛚</u> | 28a | |
| 29 | | | | | | | | 1 | † |
| | | | | | | | | | |
| | · | | \ | | | | | 00- | |
| 30 | Grant | |) If this amo | | | | | 29a | - |
| 30 | | | | | | | | 1 | |
| | | | | | | | | i i | |
| | (Grant | ts \$ |) If this amo | unt include | es foreign gra | ints, check here . | ▶ □ | 30a | . |
| 31 | <u> </u> | | s (describe in Schedule | | | | | 1000 | · |
| | (Grant | . • | | | | ints, check here . | | 31a | , |
| 32 | Total | program service | expenses (add lines 2 | | | | | 32 | 0 |
| Par | t IV | | Directors, Trustees, and | | | | | struc | tions for Part IV) |
| | | Check if the org | ganization used Sched | ule O to r | espond to a | | | <u>.,.</u> | <u> </u> |
| | | | | |) Average | (c) Reportable compensation | (d) Health benefits, contributions to employ | /ee (e) | Estimated amount of |
| | | (a) Name | and title | | irs per week ted to position | (Forms W-2/1099-MISC (if not paid, enter -0-) | benefit plans, and | | other compensation |
| | OF OF | F ATTAOURED T | | | | (ii not paid, enter -o-) | delerred compensatio | - | |
| PLEA | 12F 2F | E ATTACHMENT | · | | | | | - 1 | |
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| Form 99 | 90-EZ (2012) | | F | age : |
|----------|--|-----------------|-----|------------|
| Part | Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Schedule O to respond to any question in this | | 10 | _ <u></u> |
| 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 | | Yes | No |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 33 | | 1 |
| 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 | | 1 |
| 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 | | 7 |
| С | 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 | | 1 |
| 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 | | 1 |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | | | |
| ь 38а | Did the organization file Form 1120-POL for this year? | 37b | | ✓ |
| _ | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . | 38a | | ✓ |
| 39 | If "Yes," complete Schedule L, Part II and enter the total amount involved | 1 | | |
| а | Initiation fees and capital contributions included on line 9 | | | |
| b 40a | Gross receipts, included on line 9, for public use of club facilities | 1 | | |
| 704 | section 4911 ► ; section 4912 ► ; section 4955 ► | | | |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | |
| С | 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 | | | |
| е | 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 | : | 1 |
| 41 | List the states with which a copy of this return is filed ▶ NORTH DAKOTA | | | |
| 42a | The organization's books are in care of ▶ Ryder-Makoti RFPD Secretary Telephone no. ▶ Located at ▶ RYDER, ND ZIP + 4 ▶ | 701-75 58779 | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | | Yes | |
| | 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: ▶ | 42b | | 1 |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| С | At any time during the calendar year, did the organization maintain an office outside the U.S.? | 42c | | ✓ |
| 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 | | . 1 | ▶ □ |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | Yes | No |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be | | | |
| С | completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? | 44b 44c | | 1 |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | | <u> </u> |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | 1 |
| 45b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | | 1 |

| 46 | Did t | he organization engage, directly or in | directly, in political o | ampaign activities | on beha | lf of or | in opposi | tion [| | Yes | No |
|---------------|----------------|--|--|---|---------------|----------|---------------------------------------|--------------|-------------|------------------|---------|
| | to ca | ndidates for public office? If "Yes," co | omplete Schedule C | , Part I | | | | | 46 | | 1 |
| Part V | | Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51 Check if the organization used Selection | s must answer que | | | | nplete th | e tabl | es fo | or line | es |
| | | Check if the organization used Sch | edule O to respond | i to any question i | n this P | art VI | • • • | • • | | Yes | No |
| 47 | Did t year? | he organization engage in lobbying a Pif "Yes," complete Schedule C, Part | activities or have a | section 501(h) elec | tion in e | effect d | uring the | - 1 | 47 | 163 | 140 |
| | | e organization a school as described in he organization make any transfers to | | | | | | | 48 49a | | |
| | | es," was the related organization a sec | | | | | | ├ | 49b | | |
| | | plete this table for the organization's oyees) who each received more than | | | | | | | | | d ke |
| | (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-MIS | contr | | o employee nd deferred | (e) Est | | d amou pensat | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| 51 | Com | number of other employees paid ove plete this table for the organization's ,000 of compensation from the organ | five highest compe | ensated independe | nt contr | actors | who each | n recei | ved | more | thar |
| (a) N | lame a | and address of each independent contractor paid | d more than \$100,000 | (b) Type of : | ervice | | (c) | Compe | nsatio | on | |
| | | / | | | | | | | | | |
| | | ······································ | | | | | | | | | |
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| | | 100, | | | | | | | | | |
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| | | | | | | | | | | | |
| d · | Total | number of other independent contract | ctors each receiving | over \$100,000 . | .▶ | | | | | | |
| | | he organization complete Schedule A xempt charitable trusts must attach a | | , , , , , | | 4947(a)(| (1) | ▶ 🔲 ' | Yes | | No |
| | | of perjury, I declare that I have examined this red complete. Declarate of preparer (other than | | | | | | owledge | and | belief, | rt is |
| | | who temos | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| Sign Here | | Signature of Officer JODY L. REINISCH, PRESIDENT | | | | Date | 10/ | 28/ | 13 | | |
| | [| Type or print name and title | 16 | | | | <i></i> | | | | |
| Paid Prepa | rer | Print/Type preparer's name | Preparer's signature | | Date | | Check if self-employed | | | | |
| Use C | | Firm's name ▶ | | | | Firm's | s EIN ▶ | | | | |
| May the | IRS | Firm's address ▶ discuss this return with the preparer | shown above? See i | nstructions | - | Phon | e no | ▶ □ ' | Yee | | <u></u> |

Form 990-EZ (2012)

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Iformation about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Open to Public

| Internal Revenue Service | Fillioniadon about Scriedule O (Form 990 of 990-E2) and its instructions is | |
|------------------------------|---|--------------------------------|
| Name of the organization | | Employer identification number |
| RYDER-MAKOTI RURA | AL FIRE PROTECTION DISTRICT | 45-6029517 |
| | | |
| PART 1 - LINE 16 = NE | WEQUIPMENT | |
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Rvder-Makoti Rural Fire Protection District 45-6029517

LIST OF OFFICERS, DIRECTORS

Jody L. Reinisch

PO Box 8

Ryder, ND 58779-0008

V-Pres

President

0 hrs No Compensation

0 hrs No Compensation

Russell Magandy 12000 177th Ave. SW

Minot, ND 58701

Carey Larson

PO Box 28

Ryder, ND 58779-0028

Fire Chief

0 hrs No Compensation

Ralph Butterfield

PO Box 114

Makoti, ND 58756-0114

Fire Chief

0 hrs No Compensation

LIST OF DIRECTORS WITH NO HOURS WORKED AND NO COMPENSATION

Steve Bigelow

31200 233rd Ave. SW

Makoti, ND 58756

Lee Brandvold

20100 317th Ave. SW

Ryder, ND 58779

Marvin Franklin

Leslie Enockson

35600 331st Ave. SW

Makoti, ND 58756

Jon Hansen

33801 254th St. SW

Ryder, ND 58779

5652 25th St. NW Ryder, ND 58779

Kevin Hansen

20600 205th Ave. SW

Ryder, ND 58779

Jamie Johansen

27400 261st Ave. SW Ryder, ND 58779

Darrell Karna 20510 184th St. SW

Ryder, ND 58779

Darwin Quandt

PO Box 53 Makoti, ND 58756 Jay Hansen

5331 29th St. NW

Ryder, ND 58779

Dean Rockwell

33600 205th Ave. SW

Makoti, ND 58756

Sherman Peterson

18800 282nd St. SW

Makoti, ND 58756

Secretary-Treasurer - 10 hrs per week - \$500 per year

Peggy J. Reinisch

PO Box 8

Ryder, ND 58779-0008