

Amended

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2015

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 private foundations)

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning

7/1

, 2015, and ending

6/30

, 20 16

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization

National Exchange Club of Rochester

Number and street (or P O box, if mail is not delivered to street address)

D Employer identification number

41-6039640

PO Box 972

E Telephone number

507-254-9980

City or town, state or province, country, and ZIP or foreign postal code

F Group Exemption
Number ►

Rochester MN 55903

G Accounting Method: Cash Accrual Other (specify) ►H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ►

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (4) ▶ (insert no) 4947(a)(1) or 527K Form of organization: Corporation Trust Association Other

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, 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

1	Contributions, gifts, grants, and similar amounts received	1	555
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	29515
4	Investment income	4	
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	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	20000
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	32066
c	Less: direct expenses from gaming and fundraising events	6c	26423
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	25642
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	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► RECEIVED ►	9	55712
10	Grants and similar amounts paid (list in Schedule O)	10	14911
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	
16	Other expenses (describe in Schedule O)	16	21859
17	Total expenses. Add lines 10 through 16 ►	17	36770
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	18942
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	20169
20	Other changes in net assets or fund balances (explain in Schedule O)	20	-20
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	39091

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2015)

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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 checked="" type="checkbox"/>		
		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	20169	22 39091	
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	20169	25 39091	
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	20169	27 39091	
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 checked="" type="checkbox"/>		
What is the organization's primary exempt purpose? Community Service				
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	Volunteer Recognition			
(Grants \$	3538) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	3538	
29	Student Recognition			
(Grants \$	4142) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	4142	
30	Community Service			
(Grants \$	7231) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	7231	
31	Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32	Total program service expenses (add lines 28a through 31a)	32	14911	
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 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
Harry Muellner				
President	3	0	0	0
David Gibson				
President-Elect	2	0	0	0
Richard Radke				
Secretary	1	0	0	0
Mary Jo Masog				
Treasurer	5	0	0	0
Danae Gaio				
Past President	1	0	0	0
Trisha White				
Director	1	0	0	0
Barb Brown				
Director	1	0	0	0
DuWayne Forbord				
Director	1	0	0	0
Jerry Blaisdell				
Director	1	0	0	0
Dana Knaak				
Director	1	0	0	0
Steve Strauss				
Director	1	0	0	0

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, 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 0	37b	✓
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?	38a	✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____, section 4912 ► _____; section 4955 ► _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	✓
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 ► Mary Jo Masog, Treasurer Telephone no. ► 507-254-9980 Located at ► 1290 Buckridge Dr NE, Rochester, MN ZIP + 4 ► 55906-8522		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	✓
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: ►	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 ► 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	44a	✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
b	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	✓

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

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."		

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 business address of each independent contractor	(b) Type of service	(c) Compensation

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations 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 Mary Jo Masog, Treasurer		Date 5/16/17
	Type or print name and title		
	Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	Firm's name ►		Check <input type="checkbox"/> if self-employed
	Firm's address ►		PTIN
Firm's EIN ►			
Phone no			
May the IRS discuss this return with the preparer shown above? See instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

Form 990-EZ (2015)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.
► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015
OMB No. 1545-0047

2016
Open to Public
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Name of the organization

NATIONAL EXCHANGE CLUB OF ROCHESTER

Employer identification number

41-6039640

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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

b If "Yes," list the 10 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

MINNESOTA

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 <u>Travelogue</u> (event type)	(b) Event #2 <u>Volleyball Tourn</u> (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
1 Gross receipts	13022	19044		32066
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	13022	19044		32066
4 Cash prizes				
5 Noncash prizes		582		582
6 Rent/facility costs	2250	2160		4410
7 Food and beverages		940		940
8 Entertainment				
9 Other direct expenses	6510	8385		14895
10 Direct expense summary. Add lines 4 through 9 in column (d)				20827
11 Net income summary. Subtract line 10 from line 3, column (d)				11239

Part III Gaming. Complete if the organization answered "Yes" on 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))
1 Gross revenue			20000	20000
2 Cash prizes			4750	4750
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses			847	847
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)				5597
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				14033

9 Enter the state(s) in which the organization conducts gaming activities: MN

a Is the organization licensed to conduct 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 conduct 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 conducted in:

a The organization's facility	13a	%
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 ► TRICIA WHITE

Address ► SMITH SCHAFER & ASSOCIATES, 220 SOUTH BROADWAY, ROCHESTER MN 55902

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 ► DAVID GIBSON

Gaming manager compensation ► \$ 0

Description of services provided ► GENERAL MANAGEMENT

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 ► \$ 0

Part IV Supplemental Information. 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 provide any additional information. See instructions

CASH PRIZES PART 2 LINE 2

CASH PRIZES ARE ALL DETERMINED ON A SINGLE DAY PRIOR TO JANUARY 1.

TOTAL CASH PRIZES ARE PAID WEEKLY THROUGHOUT THE CALENDAR YEAR.

TOTAL CASH PRIZES TO BE PAID OUT DURING CALENDAR YEAR WILL BE \$10,000.

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

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Name of the organization

National Exchange Club of Rochester

Employer identification number

41-6039640

Other Expenses Part 1 Line 16

Meals	14407
Office Expense	661
Flowers and Gifts	591
District Convention	110
Special Events	58
National Dues	4626
District Dues	1405
Total Other Expenses	21858

Part 1 Line 20 Grants Paid - All Rochester MN - No Relationship to GrantRecipients

Volunteer Recognition	3538
Student Recognition - Scholarships	4142
Youth & Civic	
Channel One Food Shelf	500
Children's Advocacy Toy Box	130
Cronin Homes	1000
Eagles Cancer Telethon	1000
Freedom Shrine	880
Handicap Ski Program for Kids	200
Miracle Field	350
Children's Advocacy Gift Cards	370
Senior Citizens Services	2800
Total	7230
Total Youth & Civic	14910

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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Part V Line 33

New significant activity - raffle - see Schedule G

Page 2 Line 22, 25, 27

\$20 error in previous year ending equity. This information was overlooked on original return.

Schedule G - Completed line 1-11 Page 2