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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 private foundations)

OMB No 1545-1150

2015

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 2016

B Check if applicable	C Name of organization Fargo West Rotary Club		D Employer identification number 45-6017376
<input type="checkbox"/> Address change	Number and street (or P.O. box, if mail is not delivered to street address) PO Box 9237		E Telephone number 701-730-2130
<input type="checkbox"/> Name change	City or town, state or province, country, and ZIP or foreign postal code Fargo, ND 58106		F Group Exemption Number ►
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

G Accounting Method:  Cash  Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 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. ► \$

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

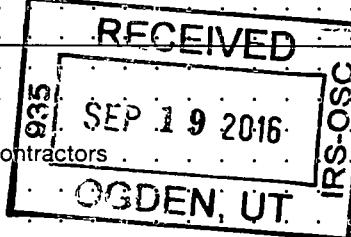
Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	154
	2 Program service revenue including government fees and contracts . . . . .	2	0
	3 Membership dues and assessments . . . . .	3	40,120
	4 Investment income . . . . .	4	30
	5a Gross amount from sale of assets other than inventory . . . . .	5a	0
	b Less: cost or other basis and sales expenses . . . . .	5b	0
	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	47,600
	b Gross income from fundraising events (not including \$ 154 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	28,396
	c Less: direct expenses from gaming and fundraising events . . . . .	6c	45,781
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	30,215
	7a Gross sales of inventory, less returns and allowances . . . . .	7a	0
	b Less: cost of goods sold . . . . .	7b	0
	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	7,771
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	78,290
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	48,297
	11 Benefits paid to or for members . . . . .	11	0
	12 Salaries, other compensation, and employee benefits . . . . .	12	0
	13 Professional fees and other payments to independent contractors . . . . .	13	0
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	0
	15 Printing, publications, postage, and shipping . . . . .	15	2,397
	16 Other expenses (describe in Schedule O) . . . . .	16	25,354
	17 Total expenses. Add lines 10 through 16 ►	17	76,047
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	2,243
Net Assets	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	38,244
	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	40,487

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2015)

SCANNED OCT 04 2016



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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 

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	38,244	22 40,487
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	38,244	24 40,487
25	<b>Total assets</b>	0	25 0
26	<b>Total liabilities</b> (describe in Schedule O)	0	26 0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	38,244	27 40,487

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	Red River Zoo			
	(Grants \$ ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	23,691
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	11,755
32	<b>Total program service expenses</b> (add lines 28a through 31a)	►	32	38,671

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

(a) Name and 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
Zac Paulson, President	15	0	0	0
Jennifer Dahl, Vice President	5	0	0	0
Cory Badinger, Treasurer	10	0	0	0
Melvin Whitney, Secretary	10	0	0	0
Mary Johnson, Past President	5	0	0	0
Betty Opheim, Club Administrator	10	0	0	0
Brad Dahl, Director	5	0	0	0
Susan Giesel, Director	5	0	0	0
Doug Burchill, Director	5	0	0	0
Joyce Linnerud Fowler, Director	5	0	0	0
Bruce Karevold, Director	5	0	0	0
Arden Glanzer, Director	5	0	0	0

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	38,244	22 40,487
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	38,244	24 40,487
25	<b>Total assets</b>	0	25 0
26	<b>Total liabilities</b> (describe in Schedule O)	0	26 0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	38,244	27 40,487

			Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
28	Red River Zoo		

(Grants \$ ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	23,691
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	11,755
32	<b>Total program service expenses</b> (add lines 28a through 31a)	►	32 38,671

(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
Zac Paulson, President	15	0	0	0
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Cory Badinger, Treasurer	10	0	0	0
Melvin Whitney, Secretary	10	0	0	0
Mary Johnson, Past President	5	0	0	0
Betty Opheim, Club Administrator	10	0	0	0
Brad Dahl, Director	5	0	0	0
Susan Giesel, Director	5	0	0	0
Doug Burchill, Director	5	0	0	0
Joyce Linnerud Fowler, Director	5	0	0	0
Bruce Karevold, Director	5	0	0	0
Arden Glanzer, Director	5	0	0	0

**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 . . . . .

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

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 . . . . .

41 List the states with which a copy of this return is filed ► . . . . .

42a The organization's books are in care of ► **Cory Badinger** Telephone no. ► **701-730-2130**  
Located at ► **3221 46th Ave S, Fargo, ND** 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

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)? . . . . .

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) . . . . .

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

		Yes	No
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	<input checked="" type="checkbox"/>

**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	<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	<input checked="" type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization? . . . . .	49b	<input checked="" type="checkbox"/>
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."		

(a) Name and title of each employee	(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) Estimated amount of other compensation
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 business address of each independent contractor	(b) Type of service	(c) Compensation
None		

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 must attach a completed Schedule A . . . . .	► <input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	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		9-15-16
	Signature of officer Cory J Badinger, Treasurer Type or print name and title	Date

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 . . . . . ►  Yes  No

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

### **Supplemental Information Regarding Fundraising or Gaming Activities**

**Complete if the organization answered "Yes" on 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.

► **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

2015

Open to Public  
Inspection

Name of the organization

**Employer identification number**

45-6017376

## Fargo West Rotary Club

**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 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						

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.

**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 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 . . . . .	28,396			
2 Less: Contributions . . .				
3 Gross income (line 1 minus line 2) . . . . .	28,396			
Direct Expenses				
4 Cash prizes . . . . .				
5 Noncash prizes . . . . .				
6 Rent/facility costs . . . . .				
7 Food and beverages . . . . .				
8 Entertainment . . . . .				
9 Other direct expenses . . . . .	21,872			
10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				► 21,872
11 Net income summary. Subtract line 10 from line 3, column (d) . . . . .				► 6,524

**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))
Revenue				
1 Gross revenue . . . . .			47,600	47,600
Direct Expenses				
2 Cash prizes . . . . .			1,500	1,500
3 Noncash prizes . . . . .			16,749	16,749
4 Rent/facility costs . . . . .			0	0
5 Other direct expenses . . . . .			5,660	5,660
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) . . . . .				► 23,909
8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				► 23,691

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

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? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13	Indicate the percentage of gaming activity conducted in:	
a	The organization's facility . . . . .	13a 100 %
b	An outside facility . . . . .	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	

Name ► Brad Dahl

Address ► 1542 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 Dahl

Gaming manager compensation ► \$ 0.00

## Description of services provided ► paperwork and organization

Director/officer

Employee

Independent contractor

## 17 Mandatory distributions:

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

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 11,550

**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).

**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](http://www.irs.gov/form990).

Name of the organization  
Fargo West Rotary Club

Employer identification number  
45-6017376

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

**990 EZ Line 10: Grants and Similar Amounts Paid: Rotary International Dues \$5,055; Rotary 5580 District Dues \$4,572**

Donations: Scholarships \$1,800, Rotary Foundation \$2,580; Miracle Field \$500; Ryla Camp \$1,425

Dictionary Project \$1,250; United Way (school back packs) \$470; BSA Northern Lights Council \$500

International Projects \$3,000; Red River Zoo \$23,690; Oak Grove Carolers \$200; Project Wilderness \$200

Freedom Resource Center for Ind Living \$600; RR Children's Advocacy Center \$600, Youthworks \$600

Service Dogs of America \$600; Rotary Club of Frisco TX \$200; Hannah Frazier \$75; Cooper Bierscheid \$130

Officer Down 5K \$300

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

**990 EZ Line 31a. Total of donations as summarized in Line 10**

**990 EZ Part IV. Additional Directors**

Leann Wolff, 5 hours, 0,0,0

Name of the organization

Employer identification number