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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2016

Open to Public Inspection

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Department of the Treasury Internal Revenue Service

				<u> </u>			
	A F	_		ar year, or tax year beginning , 2016, and ending			, 20
į	B CI	heck if app	plicable	C Name of organization ?) Emplo		entification number
	Д А	ddress ch	nange	BOTTINEAU COUNTY COUNCIL ON AGING	45-037529 4500		
		lame char	-	Number and street (or P.O. box, if mail is not delivered to street address)	E Telephone number		
	=	nitial retur		1 HOUMANN ADDITION		81	6-225-1916
	= 1	inal retum mended r	v/terminated	Group Exemption			
	= '	pplication			ber ▶	•	
			ing Method	Cash Accrual Other (specify) ► H C	heck D	· Vi	f the organization is not
. 1		ebsite:	_				ach Schedule B
ν.				D-EZ, or 990-PF).			
"				eck only one) — ☑ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527			
				7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	esats		
				w) are \$500,000 or more, file Form 990 instead of Form 990-EZ	33013	•	59547
						+:050	
	, c	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the in			
	=-	<u> </u>		the organization used Schedule O to respond to any question in this Part I			
	2	1		ons, gifts, grants, and similar amounts received	٠ ٠ إ	1	59547
	2	2	_	ervice revenue including government fees and contracts	• •	2	
		3		ip dues and assessments		3	
	?	4	Investmen	tincome	[4	
		5a	Gross amo	ount from sale of assets other than inventory 5a		j	
		b		or other basis and sales expenses			
	i	С	Gain or (lo	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	[5c	
		6	Gaming ar	nd fundraising events			
		а	Gross inc	ome from gaming (attach Schedule G if greater than	ļ	- }	
	Revenue	i	\$15,000)	6a	ļ	1	
		ь	Gross inco	ome from fundraising events (not including \$ of contributions		1	
				raising events reported on line 1) (attach Schedule G if the]		
				ch gross income and contributions exceeds \$15,000) 6b	1	ļ	
		С		ct expenses from gaming and fundraising events 6c	$\neg \neg$		
		d		ne or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	ract	j	
		_	line 6c)	or (1999) from gamming and formationing overthe (and miles on any or and one)		6d	
2		7a		es of inventory, less returns and allowances	}		
2						ŀ	
3		Ь	Cross cost	of goods sold		7c	
9		C	Other reve	int or (loss) from sales of inventory (Subtract line 76 from line 78). N 30500	_	8	
9		8		enue (describe in Schedule O)			F0C47
		<u> </u>		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	- 3	9	59547
		1007	Grants and	d similar amounts paid (list in Schedule O)	6	10	59500
3		. 99	Benefits p	aid to or for members	∐∵ك	11	
7	es	12	Salaries, o	ther compensation, and employee benefits 2	· · //	12	
7 9 T VW	Expenses	13		nal fees and other payments to independent contractors		13	
-	χĎ	145		y, rent, utilities, and maintenance	[14	
É	Ê	15≥	Printing, p	ublications, postage, and shipping		15	
È		16		enses (describe ın Schedule O) 🔞		16	80
r		17.3	Total expe	enses. Add lines 10 through 16	. ▶	17	59580
ı	Ø	183	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18	(33)
•	set	193		s or fund balances at beginning of year (from line 27, column (A)) (must agree	with		
r	Net Assets	Ü	end-of-yea	ar figure reported on prior year's return)	[19	367
	et	20	Other chai	nges in net assets or fund balances (explain in Schedule O)		20	
'	Ž	21		s or fund balances at end of year. Combine lines 18 through 20		21	334

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2016)





Form	990-EZ (2016)			Page 2			
Pa	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	367		334			
23	Land and buildings		23				
24	Other assets (describe in Schedule O)	ļ	24				
25	Total assets	367		334			
26	Total liabilities (describe in Schedule O)	<u> </u>	26	<u></u>			
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	367	27	334			
Par		•		_			
	Check if the organization used Schedule O to respond to any question in the		J	Expenses			
Wha	t is the organization's primary exempt purpose? Promote and support Bottineau Coun	y's Senior Citizens		equired for section 1(c)(3) and 501(c)(4)			
Desc	cribe the organization's program service accomplishments for each of its three larges	program services.		ganizations; optional for			
as n	neasured by expenses. In a clear and concise manner, describe the services provide		oth	ners.)			
pers	ons benefited, and other relevant information for each program title.		L				
28	Promote and support the Senior Citizens Clubs located within Bottineau Couty, ND. There	are hundreds of	}	ì			
	Senior Citizens living in Bottineau County.			}			
				ļ			
?	(Grants \$ 59500) If this amount includes foreign grants, check here	<u> ▶ □</u>	28	a 59500			
29				Ì			
			l				
	(Grants \$) If this amount includes foreign grants, check here	<u> ▶ 🛛</u>	29	a			
30				j			
			1				
			1	l			
	(Grants \$) If this amount includes foreign grants, check here	<u> ▶ □</u>	30	a			
31	Other program services (describe in Schedule O)		1				
	(Grants \$) If this amount includes foreign grants, check here	<u> ▶ □</u>	31	a			
32	Total program service expenses (add lines 28a through 31a)		32				
Par	List of Officers, Directors, Trustees, and Key Employees (list each one even if not c	•	nstr	uctions for Part IV)			
	Check if the organization used Schedule O to respond to any question in the			<u> </u>			
	(b) Average (c) Reportable compensation			e) Estimated amount of			
	(a) Name and title hours per week (Forms W-2/1099-M	SC) benefit plans, and	` {`	other compensation			
	(if not paid, enter	0-) deferred compensation	n				
Davi	d Heintzelman, President & Director						
		0	0	0			
Johr	B. Henderson, Treasurer & Director						
		0	0	0			
Elois	se Boppre, Secretary & Director						
		0	o	0			
Cole	en Sivertson, Director		Т				
	0	0	0	0			
			Ì				
			T				
	,						
		- 	7				
		[
			+				
			+				
			-+-				
		1					
	1	1					

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			Г
	mistractions for Fart 4/ Officer in the organization assessments of the respond to any question in this	1 45 1	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 c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 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 b	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 00 00 00 000 000 000 000 000 000 000	37b		_
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		~
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
а	Initiation fees and capital contributions included on line 9	<u> </u>	1	
b 40a	Gross receipts, included on line 9, for public use of club facilities			
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		
С	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			
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		•
41	List the states with which a copy of this return is filed ► North Dakota			
42a	The digulation of books are in our of the contract of the cont		5-191	
_	Located at ► 1 Houmann Addition, Bottineau, ND ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		3-8043 Yes	
D	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	res	•
	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 United States? . 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		. 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	N
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	-	
С	Did the organization receive any payments for indoor tanning services during the year?	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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	1	1
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	1	

om 990-EZ ((2016)							age 🕶
	the organization engage, directly or in					<u> </u>	Yes	
	andidates for public office? If "Yes," o		Parti	<u> </u>	· · · · ·	. 46	ــــــــــــــــــــــــــــــــــــــ	
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	s must answer que			·	e tables	for lin	es
	Check if the organization used Scl	hedule O to respond	to any question in t	his Part V	<u> </u>	<u>· · · · · · · · · · · · · · · · · · · </u>	• • • •	
	the organization engage in lobbying		section 501(h) election	on in effect	t during the		Yes	No
•	r? If "Yes," complete Schedule C, Par				· · · ·	. 47		-
49a Did	ne organization a school as described in the organization make any transfers to	o an exempt non-cha	ritable related organia			. 49a	1	V
	es," was the related organization a se							
50 Con emp	nplete this table for the organization's ployees) who each received more than	five highest compens \$100,000 of comper	sated employees (othersation from the orga	nization. If	there is non	ors, truste e, enter "l	es, an None."	d key
(8	a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contribution benefit plan	th benefits, ns to employee s, and deferred ensation	(e) Estimat other co		
"NONE"				<u> </u>				
								
		· ·						
			 					
f Tota	al number of other employees paid ov	er \$100.000	▶ 0			·		
51 Con	nplete this table for the organization 0,000 of compensation from the organization	's five highest compe	ensated independent one, enter "None."	contracto	rs who each	ı received	d more	than
(a) Name and business address of each independ	dent contractor	(b) Type of ser	vice	(c)) Compensa	ition	
"NONE"								
d Tota	al number of other independent contra	actors each receiving	over \$100,000	>		0		
52 Did	the organization complete Schedunpleted Schedule A			anızations	must attacl	ha . ⊳	s 🗆	No_
	es of perjury, I declare that I have examined this and complete. Declaration of preparer lether that					nowledge ar	nd belief	, rt is
Sign	Signature of officer	Signature of officer Date					7	
Here 2	John B. Henderson. Treasurer	<u></u>						
	Type or print name and title							
Paid Prepare	Print/Type preparer's name	Preparer's signature	D	ate	Check self-emplo			
Use Only				F	ım's EIN ▶			
	Firm's address ▶			<u>i P</u>	hone no.			
viay the IR	S discuss this return with the prepare	r snown above? See	instructions		· · · ·	Form 9		No (2016)

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

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization **BOTTINEAU COUNTY COUNCIL ON AGING** 45-0375290 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			Yes	No			
(A)							
(B)							
(C)							
(D)						···	
(E)							
Total			 	 		- -	

Schedu	ie A (Form 990 or 990-EZ) 2016						Page 2
Part	, · · · · · · · · · · · · · · · · · · ·						
	(Complete only if you checked th						lify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support				 -	_ 	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and		,	, 1		1	
	membership fees received. (Do not	ľ				İ	
_	include any "unusual grants.")						
2	Tax revenues levied for the		ł	1	-	l l	
	organization's benefit and either paid to or expended on its behalf						
_	·	42802	52560	55459	60458	59547	270826
3	The value of services or facilities		Į.	1	}	1	
	furnished by a governmental unit to the organization without charge		,	ļ .		,	
4	Total. Add lines 1 through 3	42802	52560	55459	60458	59547	270826
-	-	42802	32300	33437	- 00436	37347)	270826
5	The portion of total contributions by		ŀ	1	Ì		
	each person (other than a governmental unit or publicly				Ì	}	
	supported organization) included on		ļ				
	line 1 that exceeds 2% of the amount	·				(
	shown on line 11, column (f)				,	ļ	
6	Public support. Subtract line 5 from line 4						
	on B. Total Support					L	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	42802	52560		60458	59547	270826
8	Gross income from interest, dividends,						
	payments received on securities loans,				į		
	rents, royalties and income from similar]			
	sources						
9	Net income from unrelated business	ĺ					
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets					İ	
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10	<u> </u>		L			270826
12	Gross receipts from related activities, etc	•			· · · · ·	12	0
13	First five years. If the Form 990 is for the organization, check this box and stop he	_			=		
Socti							<u> </u>
	on C. Computation of Public Support Public support percentage for 2016 (line			1 column (f)		14	100 %
14 15	Public support percentage for 2010 (line of Public support percentage from 2015 Sci	• • •	-			15	100 %
16a	331/3% support test—2016. If the organ	ization did not	check the box	con line 13. an	d line 14 is 33		
	box and stop here. The organization qua						▶ 🗹
ь	331/3% support test—2015. If the organi	•		_			
_	this box and stop here. The organization						
17a	10%-facts-and-circumstances test—2	•		_			
. / d	10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization			_			▶ □
b	10%-facts-and-circumstances test – 2	015. If the ora:	anization did n	ot check a bo	x on line 13 1	6a. 16b. or 17	a. and line
~	15 is 10% or more, and if the organiza						

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.

2016

Department of the Treasury Internal Revenue Service

Name of the organization

▶ 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.

Open to Public Inspection

BOTTINEAU COUNTY COUNCIL ON AGING

Employer identification number 45-0375290

Line 10 Page 1 Form 990-EZ

Distributions to Senior Citizens Clubs located within Bottineau County, ND:

Bottineau Senior Citizens Club	\$ 24,285
Westhope Senior Citizens Club	11,536
Newburg Senior Citizens Club	9,107
Lansford Senior Citizens Club	7,286
Willow City Senior Citizens Club	7,286
Total Distributions	\$ 59,500

Line 16 Other Expenses Page 1 Form 990-EZ

Dues	\$ 50
Telephone	20
North Dakota Secretary of State Filing Fee	10
Total Other Expenses	\$ 80