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ef	ile G	RAPHIC print	- DO NOT PROCESS   As Filed Data -	DLN	: 93492298001467
			Short Form		OMB No 1545-1150
	Q	90-EZ	Return of Organization Exempt From Income	Tax	
For	m <b>J</b>	90-LZ	·		2016
2			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private	foundations)	2010
			▶ Do not enter social security numbers on this form as it may be made pu	blic.	Ones to Bublic
Dep	artment	t of the Treasury	<ul><li>Information about Form 990-EZ and its instructions is at <u>www.irs.go</u></li></ul>	<u>v/form990</u> .	Open to Public
-		venue Service			Inspection
			ar year, or tax year beginning 07-01-2016 , and ending 06-30-2017	-	
		ıf applıcable s change	C Name of organization WEST FARGO EXCHANGE CLUB	D Employe	er identification number
_	Name o	-		23-7224	
	Initial r	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 522	<b>E</b> Telephon	e number
_		eturn/terminated	City or town, state or province, country, and ZIP or foreign postal code	(	701) 361-2705
_		ed return tion pending	WEST FARGO, ND 58078	F Group Ex	emption
_	пррпси	cion penang		Number	•
	ccoun	ıtıng Method   ☑	Cash □ Accrual Other (specify) ► H Check	▶ ☑ ıf the	organization is <b>not</b>
<b>G</b> /	ccoun	iting Method E	require	ed to attach s	Schedule B
ΙW	/ebsit	e: •www wfexci		990, 990-EZ	, or 990-PF)
			only one) - □ 501(c)(3) ☑ 501(c)(4) ◀(insert no ) □ 4947(a)(1) or □ 527		
K F	orm of	organization 🔽	Corporation Trust Association Other		
		-	to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	al assets (Pa	rt II. column (B) below)
are	\$500	,000 or more, file	Form 990 instead of Form 990-EZ		<b>▶</b> \$ 155,878
F	art I	Revenue,	Expenses, and Changes in Net Assets or Fund Balances (see the instruction	tions for Part	: I)
_			organization used Schedule O to respond to any question in this Part I		
	1		ifts, grants, and similar amounts received		
	2	-	e revenue including government fees and contracts	2	25.440
	3	•	es and assessments	3	26,448
	4		ome	4	
	5a		rom sale of assets other than inventory		
	b		her basis and sales expenses		
	С	• •	om sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	
٠,	6	-	idraising events		
ž	а	Gross income fr	om gaming (attach Schedule G if greater than \$15,000)		
Revenue	b		om fundraising events (not including \$ of contributions from		
œ		=	nts reported on line 1) (attach Schedule G if the		
			oss income and contributions exceeds \$15,000) 6b		
	С.	•	enses from gaming and fundraising events 6c	<b>-</b>	
	d -	,	loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a		nventory, less returns and allowances		
	b	Less cost of go		_	
	c		(loss) from sales of inventory (Subtract line 7b from line 7a)		122.122
	8		(describe in Schedule O)	. 8	129,430
_	9		. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	155,878
	10		llar amounts paid (list in Schedule O)	. 10	66,080
Expenses	11	•	or for members	-	
	12		compensation, and employee benefits	-	
	13		s and other payments to independent contractors	. 13	
	14		t, utilities, and maintenance	. 14	
	15		ations, postage, and shipping	. 15	
	16	•	(describe in Schedule 0)	. 16	96,193
_	17		s. Add lines 10 through 16	▶ 17	162,273
Ð	18	•	it) for the year (Subtract line 17 from line 9)	. 18	-6,395
Assets	19		and balances at beginning of year (from line 27, column (A)) (must agree with		
t A		, -	ure reported on prior year's return)	. 19	144,509
N. t	20	_	n net assets or fund balances (explain in Schedule O)	. 20	0
	21		and balances at end of year Combine lines 18 through 20	. 21	138,114
For	·Pape	erwork Reductio	on Act Notice, see the separate instructions. Cat No 10642I		Form <b>990-EZ</b> (2016)

	Balance Sheets (see the instructi Theck if the organization used Sched								_
	illeck il tile organization used Sched								
	<u> </u>	ule O to respond to any q	uestion in this		eginning o			( <b>B</b> ) End	
22 Cach savir	ngs, and investments			(A) D		144,509	22	(B) End	138,114
•	puldings					144,303	23		130,114
	ts (describe in Schedule 0)						24		
	ets					144,509			138,114
	ilities (describe in Schedule O).					144,509	26		138,114
	,					144 500	_		
	s or fund balances (line 27 of colu		•			144,509	7/	F	138,114
	Statement of Program Servic Theck if the organization used Sched	•	•		rt III) 	□	l (Re		e <b>nses</b> section 501(c
EXCHANGE, AND COMMUNITIES OF ACTIVITY OF A	ganization's primary exempt purpose MERICA'S SERVICE CLUB, IS A GROU BETTER PLACES TO LIVE THROUGH TIES, AND ITS NATIONAL PROJECT, rganization's program service accome expenses In a clear and concise mar other relevant information for each	JP OF MEN AND WOMEN I PROGRAMS OF SERVICE THE PREVENTION OF CH plishments for each of its ner, describe the service	IN AMERICAN ILD ABUSE three largest	ISM, COI	services,	SERVICE,	org	and 501(iganizations	e)(+) i, optional for
28 See Additional	Data Table								
					г	_			
Grants \$ )	If this amo	unt includes foreign gran	its, check here		. ► L		28a		
29							29a		
Grants \$ )	If this amo	unt includes foreign gran	its, check here		. ▶ [				
30							30a		
C	T6 46.00 0.000				_ [	_			
Grants \$ )		unt includes foreign gran		• •	. •				
<b>1</b> Other prog	ram services (describe in Schedule (	•				_ •			
Grants \$ )	If this amo	unt includes foreign gran	its, check here		. ▶ L		31a		
2 Total prog	ram service expenses (add lines :	28a through 31a)				. •	32		77,25
	ist of Officers, Directors, Trustee theck of the organization used Sched  (a) Name and title	(b) Average	(list each one evi juestion in this (c) Report	en if not co Part IV. table	ompensated	alth ben	e instru	(e) Est	imated amoun
	heck if the organization used Sched	ule O to respond to any q	(list each one evi juestion in this (c) Report compensa (Forms W-2, MISC) (if no	en if not co Part IV. table ation /1099- ot paid,	(d) He contributi	alth ben	efits, nploya	(e) Est	
C	heck if the organization used Sched	(b) Average hours per week	(list each one evi question in this (c) Report compensa (Forms W-2,	en if not co Part IV. table ation /1099- ot paid,	(d) He contributi	ealth ben- ons to er it plans,	efits, nployand sation	(e) Est	imated amoun
O DAVE GESKE	heck if the organization used Sched	(b) Average hours per week devoted to position	(list each one evi juestion in this (c) Report compensa (Forms W-2, MISC) (if no	en if not co Part IV. table ation /1099- ot paid, O-)	(d) He contributi	ealth ben- ons to er it plans,	efits, nployand sation	(e) Est	imated amoun
O NAVE GESKE RESIDENT	theck if the organization used Sched	(b) Average hours per week devoted to position	(list each one evi juestion in this (c) Report compensa (Forms W-2, MISC) (if no	en if not co Part IV. table ation /1099- ot paid, O-)	(d) He contributi	ealth ben- ons to er it plans,	efits, mployand satior	(e) Est of othe	imated amoun r compensation
O PAVE GESKE RESIDENT	theck if the organization used Sched	(b) Average hours per week devoted to position	(list each one evi juestion in this (c) Report compensa (Forms W-2, MISC) (if no	en if not co Part IV. table ation /1099- ot paid, O-)	(d) He contributi	ealth ben- ons to er it plans,	efits, mployand satior	(e) Est	imated amoun r compensatio
OAVE GESKE RESIDENT OSH HERBOLI	Check if the organization used Sched  (a) Name and title	(b) Average hours per week devoted to position	(list each one evi juestion in this (c) Report compensa (Forms W-2, MISC) (if no	en if not co Part IV. table ation /1099- ot paid, O-)	(d) He contributi	ealth ben- ons to er it plans,	efits, mployand satior	(e) Est of othe	imated amoun r compensation
OAVE GESKE PRESIDENT OSH HERBOLI PRESIDENT EL	Check if the organization used Sched  (a) Name and title	(b) Average hours per week devoted to position	(list each one evi juestion in this (c) Report compensa (Forms W-2, MISC) (if no	en if not co Part IV. table ation /1099- ot paid, O-)	(d) He contributi	ealth ben- ons to er it plans,	efits, mployand sation	(e) Est of othe	imated amoun r compensation (
DAVE GESKE PRESIDENT OSH HERBOLI PRESIDENT EL AYNE TIMMER	Check if the organization used Sched  (a) Name and title  D  ECT  RMAN	(b) Average hours per week devoted to position	(list each one evi juestion in this (c) Report compensa (Forms W-2, MISC) (if no	en if not co Part IV. table ation /1099- ot paid, 0-) 0	(d) He contributi	ealth ben- ons to er it plans,	efits, mployand sation	(e) Est of other	imated amour r compensatio
OAVE GESKE RESIDENT OSH HERBOLI RESIDENT EL AYNE TIMMER	Check if the organization used Sched  (a) Name and title  D  ECT  RMAN	(b) Average hours per week devoted to position  0 00  2 00	(list each one evi juestion in this (c) Report compensa (Forms W-2, MISC) (if no	en if not co Part IV.  table ation /1099- ot paid, 0-)  0	(d) He contributi	ealth ben- ons to er it plans,	efits, mployand sation	(e) Est of other	imated amoun r compensation (
OAVE GESKE PRESIDENT OSH HERBOLI PRESIDENT EL AYNE TIMMER	Check if the organization used Sched  (a) Name and title  D  ECT  RMAN	(b) Average hours per week devoted to position	(list each one evi juestion in this (c) Report compensa (Forms W-2, MISC) (if no	en if not co Part IV. table ation /1099- ot paid, 0-) 0	(d) He contributi	ealth ben- ons to er it plans,	efits, mployand sation	(e) Est of other	imated amoun r compensatio
DAVE GESKE RESIDENT OSH HERBOLI RESIDENT EL AYNE TIMMER ICE PRESIDE CHRIS HEISE	Check if the organization used Sched  (a) Name and title  D  ECT  RMAN	(b) Average hours per week devoted to position  0 00  2 00	(list each one evi juestion in this (c) Report compensa (Forms W-2, MISC) (if no	en if not co Part IV.  table ation /1099- ot paid, 0-)  0	(d) He contributi	ealth ben- ons to er it plans,	efits, mployand sation	(e) Est of other	imated amoun r compensation (
DAVE GESKE PRESIDENT OSH HERBOLI PRESIDENT EL AYNE TIMMER VICE PRESIDE CHRIS HEISE ECRETARY	Check if the organization used Sched  (a) Name and title  D  ECT  RMAN  NT	(b) Average hours per week devoted to position  0 00  2 00	(list each one evi juestion in this (c) Report compensa (Forms W-2, MISC) (if no	en if not co Part IV.  table ation /1099- ot paid, 0-)  0	(d) He contributi	ealth ben- ons to er it plans,	efits, nploya and sation	(e) Est of other	imated amoun r compensatio
OAVE GESKE PRESIDENT OSH HERBOLI PRESIDENT EL	Check if the organization used Sched  (a) Name and title  D  ECT  EMAN  NT	(b) Average hours per week devoted to position  0 00  2 00  2 00	(list each one evi juestion in this (c) Report compensa (Forms W-2, MISC) (if no	en if not cor Part IV.  table ation /1099- ot paid, 0-)  0  0	(d) He contributi	ealth ben- ons to er it plans,	efits, nploya and sation	(e) Est of other o	imated amoun r compensatio
OAVE GESKE RESIDENT OSH HERBOLI RESIDENT EL AYNE TIMMER CICE PRESIDE CHRIS HEISE ECRETARY MAREN GEMAR	Check if the organization used Sched  (a) Name and title  D  ECT  EMAN  NT	(b) Average hours per week devoted to position  0 00  2 00  2 00	(list each one evi juestion in this (c) Report compensa (Forms W-2, MISC) (if no	en if not cor Part IV.  table ation /1099- ot paid, 0-)  0  0	(d) He contributi	ealth ben- ons to er it plans,	efits, nploy, and sation	(e) Est of other o	imated amount r compensatio
PAVE GESKE PRESIDENT OSH HERBOLI PRESIDENT EL AYNE TIMMER VICE PRESIDE CHRIS HEISE ECRETARY MAREN GEMAR PAST PRESIDE	Check if the organization used Sched  (a) Name and title  D  ECT  EMAN  NT	(b) Average hours per week devoted to position  0 00  2 00  2 00  2 00	(list each one evi juestion in this (c) Report compensa (Forms W-2, MISC) (if no	en if not co Part IV. table atton /1099- it paid, D-) 0	(d) He contributi	ealth ben- ons to er it plans,	efits, nploy, and sation	(e) Est of other othe	imated amount r compensation
PAVE GESKE PRESIDENT OSH HERBOLI PRESIDENT EL AYNE TIMMER VICE PRESIDE CHRIS HEISE RECRETARY MAREN GEMAR PAST PRESIDE CHAD RIETH	Check if the organization used Sched  (a) Name and title  D  ECT  EMAN  NT	(b) Average hours per week devoted to position  0 00  2 00  2 00  2 00  2 00	(list each one evi juestion in this (c) Report compensa (Forms W-2, MISC) (if no	en if not co Part IV.  table atton /1099- tr paid, 0-  0  0  0	(d) He contributi	ealth ben- ons to er it plans,	efits, nploy and sation	(e) Est of other other of other othe	imated amour r compensatio
AVE GESKE RESIDENT OSH HERBOLI RESIDENT EL AYNE TIMMER CICE PRESIDE CHRIS HEISE ECRETARY MAREN GEMAR AST PRESIDE CHAD RIETH	Check if the organization used Sched  (a) Name and title  D  ECT  EMAN  NT	(b) Average hours per week devoted to position  0 00  2 00  2 00  2 00	(list each one evi juestion in this (c) Report compensa (Forms W-2, MISC) (if no	en if not co Part IV. table atton /1099- it paid, D-) 0	(d) He contributi	ealth ben- ons to er it plans,	efits, nploy and sation	(e) Est of other othe	imated amount r compensation
PAVE GESKE PRESIDENT OSH HERBOLI PRESIDENT EL AYNE TIMMER VICE PRESIDE CHRIS HEISE ECRETARY MAREN GEMAR PAST PRESIDE	Check if the organization used Sched  (a) Name and title  D  ECT  RMAN  NT	(b) Average hours per week devoted to position  0 00  2 00  2 00  2 00  2 00	(list each one evi juestion in this (c) Report compensa (Forms W-2, MISC) (if no	en if not co Part IV.  table atton /1099- tr paid, 0-  0  0  0	(d) He contributi	ealth ben- ons to er it plans,	efits, nploy and sation	(e) Est of other other of other othe	imated amount r compensatio
PAVE GESKE PRESIDENT OSH HERBOLI PRESIDENT EL AYNE TIMMER VICE PRESIDE CHRIS HEISE ECRETARY MAREN GEMAR PAST PRESIDE CHAD RIETH PREASURER ANA SAMEK EGARD MEMBE	Check if the organization used Sched  (a) Name and title  D  ECT  RMAN  NT  R  NT	(b) Average hours per week devoted to position  0 00  2 00  2 00  2 00  2 00	(list each one evi juestion in this (c) Report compensa (Forms W-2, MISC) (if no	en if not co Part IV.  table atton /1099- tr paid, 0-  0  0  0	(d) He contributi	ealth ben- ons to er it plans,	efits, nployand sation	(e) Est of other other of other othe	imated amount r compensation
PAVE GESKE RESIDENT OSH HERBOLI RESIDENT EL AYNE TIMMER VICE PRESIDE CHRIS HEISE ECRETARY MAREN GEMAF AST PRESIDE CHAD RIETH REASURER ANA SAMEK BOARD MEMBE AMMY ASKEW	Check if the organization used Sched  (a) Name and title  D  ECT  EMAN  NT  ER	(b) Average hours per week devoted to position  0 00  2 00  2 00  2 00  2 00  2 00  2 00	(list each one evi juestion in this (c) Report compensa (Forms W-2, MISC) (if no	en if not corpart IV.  table atton /1099- or paid, 0-)  0  0  0  0	(d) He contributi	ealth ben- ons to er it plans,	efits, nployand sation	(e) Est of other other of other other of other o	imated amount r compensation
PAVE GESKE RESIDENT OSH HERBOLI RESIDENT EL AYNE TIMMER VICE PRESIDE CHRIS HEISE ECRETARY MAREN GEMAF AST PRESIDE CHAD RIETH REASURER ANA SAMEK BOARD MEMBE AMMY ASKEW	Check if the organization used Sched  (a) Name and title  D  ECT  EMAN  NT  ER  / ER	(b) Average hours per week devoted to position  0 00  2 00  2 00  2 00  2 00  2 00  2 00  2 00	(list each one evi juestion in this (c) Report compensa (Forms W-2, MISC) (if no	en if not co Part IV.  table atton //1099- t paid, 0-)  0  0  0  0	(d) He contributi	ealth ben- ons to er it plans,	efits, nploy, and sation	(e) Est of other other of other o	imated amount r compensation
PAVE GESKE RESIDENT OSH HERBOLI RESIDENT EL AYNE TIMMER TICE PRESIDE THRIS HEISE ECRETARY TAREN GEMAF AST PRESIDE THAD RIETH REASURER ANA SAMEK TOARD MEMBE TOARD MEMBE	Check if the organization used Sched  (a) Name and title  D  ECT  EMAN  NT  ER  / ER	(b) Average hours per week devoted to position  0 00  2 00  2 00  2 00  2 00  2 00  2 00	(list each one evi juestion in this (c) Report compensa (Forms W-2, MISC) (if no	en if not corpart IV.  table atton /1099- or paid, 0-)  0  0  0  0	(d) He contributi	ealth ben- ons to er it plans,	efits, nploy, and sation	(e) Est of other other of other other of other o	imated amoun
PAVE GESKE PRESIDENT OSH HERBOLI PRESIDENT EL AYNE TIMMER VICE PRESIDE CHRIS HEISE ECRETARY MAREN GEMAR MAST PRESIDE CHAD RIETH PREASURER ANA SAMEK BOARD MEMBE CAMMY ASKEW BOARD MEMBE EVIN SKOOG	Check if the organization used Sched  (a) Name and title  D  ECT  EMAN  NT  ER  / ER	(b) Average hours per week devoted to position  0 00  2 00  2 00  2 00  2 00  2 00  2 00  2 00	(list each one evi juestion in this (c) Report compensa (Forms W-2, MISC) (if no	en if not co Part IV.  table atton //1099- t paid, 0-)  0  0  0  0	(d) He contributi	ealth ben- ons to er it plans,	efits, nploy, and sation	(e) Est of other other of other o	imated amount compensation
RESIDENT OSH HERBOLI RESIDENT EL AYNE TIMMER CICE PRESIDE CHRIS HEISE ECRETARY IAREN GEMAR AND RIETH REASURER AND SAMEK COARD MEMBE EVIN SKOOG COARD MEMBE	Check if the organization used Sched  (a) Name and title  D  ECT  EMAN  NT  ER  / ER	(b) Average hours per week devoted to position  0 00  2 00  2 00  2 00  2 00  2 00  2 00  2 00	(list each one evi juestion in this (c) Report compensa (Forms W-2, MISC) (if no	en if not co Part IV.  table atton //1099- t paid, 0-)  0  0  0  0	(d) He contributi	ealth ben- ons to er it plans,	efits, nploy, and sation	(e) Est of other other of other o	imated amount r compensatio
AVE GESKE RESIDENT OSH HERBOLI RESIDENT EL AYNE TIMMER ICE PRESIDE HAIS HEISE ECRETARY IAREN GEMAR AST PRESIDE HAD RIETH REASURER ANA SAMEK OARD MEMBE AMMY ASKEW OARD MEMBE EVIN SKOOG OARD MEMBE HANE LEBAHI	Check if the organization used Sched  (a) Name and title  D  ECT  EMAN  NT  ER  / ER  ER	(b) Average hours per week devoted to position  0 00  2 00  2 00  2 00  2 00  2 00  2 00  2 00  2 00	(list each one evi juestion in this (c) Report compensa (Forms W-2, MISC) (if no	en if not co Part IV.  table atton /1099- ta paid, 0-)  0  0  0  0  0  0	(d) He contributi	ealth ben- ons to er it plans,	efits, nploy, and sation	(e) Est of other other of other other of other o	imated amount r compensatio
AVE GESKE RESIDENT OSH HERBOLI RESIDENT EL AYNE TIMMER CICE PRESIDE CHRIS HEISE ECRETARY MAREN GEMAR ANT PRESIDE CHAD RIETH REASURER ANA SAMEK COARD MEMBE COARD MEMBE CEVIN SKOOG COARD MEMBE CHANE LEBAHI COARD MEMBE	Check if the organization used Sched  (a) Name and title  D  ECT  EMAN  NT  ER  / ER  ER	(b) Average hours per week devoted to position  0 00  2 00  2 00  2 00  2 00  2 00  2 00  2 00  2 00  2 00  2 00  2 00	(list each one evi juestion in this (c) Report compensa (Forms W-2, MISC) (if no	en if not co Part IV.  table atton /1099- tr paid, 0-  0  0  0  0  0  0  0  0	(d) He contributi	ealth ben- ons to er it plans,	efits, nployand sation	(e) Est of other othe	imated amount compensation
AVE GESKE RESIDENT OSH HERBOLI RESIDENT EL AYNE TIMMER CICE PRESIDE CHRIS HEISE ECRETARY MAREN GEMAR ANT PRESIDE CHAD RIETH REASURER ANA SAMEK COARD MEMBE COARD MEMBE CEVIN SKOOG COARD MEMBE CHANE LEBAHI COARD MEMBE	Check if the organization used Sched  (a) Name and title  D  ECT  EMAN  NT  ER  / ER  ER	(b) Average hours per week devoted to position  0 00  2 00  2 00  2 00  2 00  2 00  2 00  2 00  2 00	(list each one evi juestion in this (c) Report compensa (Forms W-2, MISC) (if no	en if not co Part IV.  table atton /1099- ta paid, 0-)  0  0  0  0  0  0	(d) He contributi	ealth ben- ons to er it plans,	efits, nployand sation	(e) Est of other other of other other of other o	imated amount compensation
AVE GESKE RESIDENT OSH HERBOLI RESIDENT EL AYNE TIMMER ICE PRESIDE HRIS HEISE ECRETARY IAREN GEMAF AST PRESIDE HAD RIETH REASURER ANA SAMEK OARD MEMBE EVIN SKOOG OARD MEMBE HANE LEBAHI OARD MEMBE ARRY WEIL	Check if the organization used Sched  (a) Name and title  D  ECT  EMAN  NT  ER  / ER  ER  N  ER  N  ER	(b) Average hours per week devoted to position  0 00  2 00  2 00  2 00  2 00  2 00  2 00  2 00  2 00  2 00  2 00  2 00	(list each one evi juestion in this (c) Report compensa (Forms W-2, MISC) (if no	en if not co Part IV.  table atton /1099- tr paid, 0-  0  0  0  0  0  0  0  0	(d) He contributi	ealth ben- ons to er it plans,	efits, nployand sation	(e) Est of other othe	imated amount compensation
PAVE GESKE RESIDENT OSH HERBOLI RESIDENT EL AYNE TIMMER VICE PRESIDE CHRIS HEISE ECRETARY MAREN GEMAF AST PRESIDE CHAD RIETH REASURER ANA SAMEK BOARD MEMBE AMMY ASKEW	Check if the organization used Sched  (a) Name and title  D  ECT  EMAN  NT  CR  ER  FR  ER  ER  ER  ER  ER	(b) Average hours per week devoted to position  0 00  2 00  2 00  2 00  2 00  2 00  2 00  2 00  2 00  2 00  2 00  2 00	(list each one evi juestion in this (c) Report compensa (Forms W-2, MISC) (if no	en if not co Part IV.  table atton /1099- tr paid, 0-  0  0  0  0  0  0  0  0	(d) He contributi	ealth ben- ons to er it plans,	efits, nployand sation	(e) Est of other othe	imated amount compensation

·Γα	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V			İ
	mendence of the second of the		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		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)	34		No
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		No
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		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a			
Ь	Did the organization file Form 1120-POL for this year?	37ь		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved .   38b			
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
40a				
b	section 4911 ►			N-
	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 sections4912, 4955, and 4958	40b		No
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
e 41	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		No
42a	The organization's books are in care of ▶ THE ORGANIZATION Telephone no ▶ 1	(701) 3	61-270	5
	Located at ▶ PO BOX 522 WEST FARGO, ND ZIP + 4 ▶	_5807	78	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	ı		
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b>			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
43 9	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	•	▶ □	
	- · · · · · · · · · · · · · · · · · · ·	[	Vac	N.~
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 No
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		No
C	Did the organization receive any payments for indoor tanning services during the year?	44c		No
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 $512(b)(13)^7$	45a		No
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			

45b

Page **3** 

									Page ·
								Yes	No
	ganization engage, directly or indirect for public office? If "Yes," complete:					to			
	ction 501(c)(3) organizations						46		No
All	section 501(c)(3) organizations	must answer quest	ons 47-49b and 52,	and co	mplete t	he table:	s for lir	nes 50	_
Che	eck if the organization used Schedule	O to respond to any q	uestion in this Part VI	<u></u>		<u></u>	 T	Yes	□ No
<b>7</b> D.J.H			N4 (I-) - I I	4	J	3			
	ganization engage in lobbying activition partition game activition in the grant of the complete Schedule C, Part II	es or have a section 50	J1(n) election in effect	during t	ne tax ye	ar, • • •	47		
8 Is the orga	inization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E			48		
<b>9a</b> Did the org	ganization make any transfers to an e	exempt non-charitable	related organization?				49a		
<b>b</b> If "Yes," w	as the related organization a section	527 organization? .					49b		
<b>0</b> Complete t	this table for the organization's five h	ighest compensated e	mployees (other than o	officers,	directors,	trustees a	and key	employ	ees)
	received more than \$100,000 of come e and title of each employee	pensation from the org	ganization If there is n		er "None Health be		(a) Ec	tımated	amour
(a) Nam	e and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-	contrib	outions to nefit plans	employee			
		devoted to position	MISC)		red comp				
				1					
				-					
1 Complete t compensat	nber of other employees paid over \$: this table for the organization's five h tion from the organization If there is (a) Name and business address of ea	ighest compensated in none, enter "None "			ch receive			0,000 of	
1 Complete t compensat	this table for the organization's five h tion from the organization. If there is	ighest compensated in none, enter "None "							
1 Complete to compensate  d Total nur  2 Did the	chis table for the organization's five help to from the organization. If there is (a) Name and business address of each of the contractor of other independent contractor organization complete Schedule A?	ighest compensated in none, enter "None " ach independent contributions in the contribution of the contrib	\$100,000	(b) Typ	e of serv	ce (c)	) Compe	ensation	
d Total nur  Did the complete to	chis table for the organization's five here from the organization. If there is (a) Name and business address of each of the contractor organization complete Schedule A? Ned Schedule A	ighest compensated in none, enter "None " ach independent contract of the search receiving over a seach receiving over a seach receiving over a seach this return, including this return, including this return, including the seach receiving over a seach	\$100,000	st attack	n a	ce (c)	Compe	s \  \begin{array}{c} \	
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## **Additional Data**

## Software ID:

Software Version:

**EIN:** 23-7224675

Name: WEST FARGO EXCHANGE CLUB

## Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	`(c	Expenses quired for section 501 )(3) and 501(c)(4) anizations; optional for others.)
28 EXCHANGE, AMERICA'S SERVICE CLUB, IS A GROUP OF MEN AND WOMEN WORKING TOGETHER TO MAKE OUR COMMUNITIES BETTER PLACES TO LIVE THROUGH PROGRAMS OF SERVICE IN AMERICANISM, COMMUNITY SERVICE, YOUTH ACTIVITIES, AND ITS NATIONAL PROJECT, THE PREVENTION OF CHILD ABUSE	28a	77,256
(Grants \$ 0) If this amount includes foreign grants, check here ▶ □		

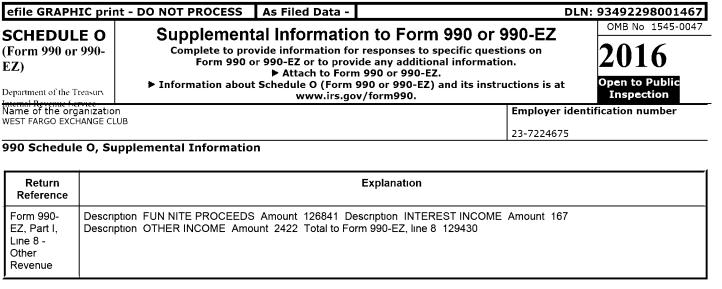
TY 2016 Transfers Personal Benefits
Contracts Declaration

Name: WEST FARGO EXCHANGE CLUB

DLN: 93492298001467

**EIN:** 23-7224675 **Declaration:** The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -



990 Schedule O, Supplemental Information

Return Reference	Explanation				
Form 990- EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification Grantee Name VARIOUS ORGANIZATIONS Property Description CASH Amo	ount Given 66080			

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990EZ, Part I,
Line 16 Other
Expenses

Description MEMBER MEETING EXPENSES Amount 12364 Description DUES Amount 10637 Des
cription INSURANCE Amount 375 Description TROPHIES/AWARDS Amount 11176 Description
FUN NIGHT EXPENSE Amount 61179 Description OFFICE/POSTAGE Amount 420 Description
MISCELLANEOUS Amount 42 Total to Form 990-EZ, line 16 96193