

Form **990EZ**
Department of the Treasury
Internal Revenue Service

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)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization ROTARY INTERNATIONAL - FARGO ROTARY Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 1653 City or town, state or province, country, and ZIP or foreign postal code FARGO, ND 58107	D Employer identification number 45-6013688 E Telephone number (701) 293-5011 F Group Exemption Number 0573
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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: FARGOROTARY.ORG	
J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(4) (insert no) ☐ 4947(a)(1) or ☐ 527	

K 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. \$ 74,066

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	
	2	Program service revenue including government fees and contracts	2	3,112
	3	Membership dues and assessments	3	57,710
	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	
	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	8,454
Expenses	c	Less direct expenses from gaming and fundraising events	6c	3,265
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	5,189
	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	4,790
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	70,801
	10	Grants and similar amounts paid (list in Schedule O)	10	11,385
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
Net Assets	13	Professional fees and other payments to independent contractors	13	4,675
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	153
	16	Other expenses (describe in Schedule O)	16	57,487
	17	Total expenses. Add lines 10 through 16	17	73,700
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,899
	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	33,816
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	30,917

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	38,095	22	27,615
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	4,613	24	3,382
25 Total assets	42,708	25	30,997
26 Total liabilities (describe in Schedule O).	8,892	26	80
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	33,816	27	30,917

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?
FOSTERING GOOD CITIZENSHIP
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
See Additional Data Table
(Grants \$) If this amount includes foreign grants, check here ☐
29 See Additional Data Table
(Grants \$) If this amount includes foreign grants, check here ☐
30
(Grants \$) If this amount includes foreign grants, check here ☐
31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here ☐
32 Total program service expenses (add lines 28a through 31a) **32** 11,385

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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
HEATHER RANCK PRESIDENT	1 50	0		
JAY BORLAND PRESIDNET EL	1 50	0		
KEVIN RILEY VICE PRESIDE	1 50	0		
ANDREW ABERNATHEY TREASURER	1 50	0		
STEVE SMITH SECRETARY	1 50	0		
JAMES HAND LOCAL SERVIC	1 50	0		
JOHN BOULGER FOUNDATION	1 50	0		
JILL SPACEK COMMUNICATIO	1 50	0		
MARLENE DANIELS AT LARGE	1 50	0		
KAYLA CHRISTENSEN ADMINISTRATI	1 50	0		
HARI PANJINI PAST PRESIDE	1 50	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 ☐

	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		
b Did the organization file Form 1120-POL for this year?	37b	No
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	No
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	No
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	No
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ <u>FARGO ROTARY</u> Telephone no ▶ <u>(701) 293-5011</u> Located at ▶ <u>PO BOX 1653 FARGO , ND</u> ZIP + 4 ▶ <u>58107</u>		
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	No
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	No
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	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)?	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 Form 990-EZ (see instructions)	45b	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

Yes

No

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

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

Yes

No

48

Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48

Yes

No

49a

Did the organization make any transfers to an exempt non-charitable related organization?

49a

Yes

No

b

If "Yes," was the related organization a section 527 organization?

49b

Yes

No

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

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

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

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

HEATHER RANCK, PRESIDENT
Type or print name and title

2020-01-23
Date

Paid Preparer Use Only

Print/Type preparer's name NATHAN BOIE, CPA	Preparer's signature	Date 2020-01-23	Check ☐ if self-employed	PTIN P01867272
Firm's name HAGA KOMMER LTD			Firm's EIN 20-4028013	
Firm's address 5195 45TH STREET SOUTH FARGO, ND 58104			Phone no. (701) 277-3111	

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

Yes

No

Additional Data

Software ID:
Software Version:
EIN: 45-6013688
Name: ROTARY INTERNATIONAL - FARGO ROTARY

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.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 PHILANTHROPY TO LEGACY CHILDREN'S FOUNDATION 5,150 (Grants \$ 5,150) If this amount includes foreign grants, check here . . . ☐		28a	5,150

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
29 THE CLUB PARTICIPATES IN VARIOUS LOCAL SERVICE PROJECTS THROUGHOUT THE YEAR, INCLUDING DISTRIBUTING DICTIONARIES TO FARGO AND WEST FARGO 3RD GRADERS, HOSTING A TRACK MEET FOR AREA HIGH SCHOOL STUDENTS, SPONSORING STUDENTS TO RYLA (ROTARY YOUTH LEADERSHIP AWARD), AND WORKING WITH THE OTHER CLUBS IN THE AREA TO PROVIDE SUPPORT FOR OTHER LOCAL AND INTERNATIONAL PROJECTS (Grants \$ 6,235) If this amount includes foreign grants, check here . . . ☐	29a	6,235

TY 2018 Transfers Personal Benefits Contracts Declaration

Name: ROTARY INTERNATIONAL - FARGO ROTARY

EIN: 45-6013688

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

ROTARY INTERNATIONAL - FARGO ROTARY

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

45-6013688

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	HAPPY DOLLARS AND FINES 3,025 MISCELLANEOUS INCOME 1,237 MEALS 528 TOTAL 4,790

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 10	CLASS OF ACTIVITY PHILANTHROPY NAME CHILDRENS LEGACY FOUNDATION CASH CONTRIBUTION 5,150

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 16	EXPENSES QUICKBOOKS 549 SUPPLIES/SOFTWARE 635 SOCIALS 367 BAD DEBTS 1,075 BADGES AND ENGRA VING 300 CLUB SUPPLIES 242 DUES 10,611 MEALS 34,947 MISC EXPENSES 524 MUSIC 1,575 OTHER BU SINESS EXPENSES 450 PO BOX RENTAL 80 TRACK MEET EXPENSE 3,346 INTERNATIONAL PROJECTS 2,000 PRES DISCRETIONARY FUNDS 786 TOTAL 57,487

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 24	ACCOUNTS REVEIVABLE 4,613 3,382 TOTAL 4,613 3,382

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 26	ACCOUNTS PAYABLE 7,994 80 RI FOUNDATION SUPPORT 898 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 31	THE CLUB PARTICIPATES IN VARIOUS LOCAL SERVICE PROJECTS THROUGHOUT THE YEAR, INCLUDING DIS- TRIBUTING DICTIONARIES TO FARGO AND WEST FARGO 3RD GRADERS, HOSTING A TRACK MEET FOR AREA HIGH SCHOOL STUDENTS, SPONSORING STUDENTS TO RYLA (ROTARY YOUTH LEADERSHIP AWARD), AND WOR- KING WITH THE OTHER CLUBS IN THE AREA TO PROVIDE SUPPORT FOR OTHER LOCAL AND INTERNATIONAL PROJECTS