efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492281006148 Short Form OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2017 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. Open to Public Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez. Department of the Treasury Inspection Internal Revenue Service For the 2017 calendar year, or tax year beginning 07-01-2017 and ending 06-30-2018 B Check if applicable C Name of organization D Employer identification number WEST FARGO EXCHANGE CLUB  $\square$  Address change 23-7224675 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return PO BOX 522 ☐ Final return/terminated (701) 361-2705 City or town, state or province, country, and ZIP or foreign postal code □ Amended return WEST FARGO, ND 58078 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is not ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►www wfexchangeclub com **J Tax-exempt status**(check only one) - □ 501(c)(3) ☑ 501(c)(4) ◀(insert no ) □ 4947(a)(1) or □ 527 ☑ 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) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 2 2 Program service revenue including government fees and contracts . . . . . . . . . . . . 3 Membership dues and assessments . . . . . . 3 25,858 4 4 5a Gross amount from sale of assets other than inventory . . . . . 5b b Less cost or other basis and sales expenses . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 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) Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6dGross sales of inventory, less returns and allowances . . . 7a b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . **7**c C 74.242 8 Other revenue (describe in Schedule O) 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . 9 100,100 10 10 Grants and similar amounts paid (list in Schedule O) 55,210 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 13 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 15 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 38,320 17 Total expenses. Add lines 10 through 16 17 93,530 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 6,570 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 138,114 end-of-year figure reported on prior year's return) 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 21 144,684 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2017) Cat No 10642I

Part II Balance Sheets (see Check if the organization			uestion in this Part II			
		,, -,		eginning of year	<u> </u>	(B) End of year
22 Cash, savings, and investments				138,114	22	144,684
23 Land and buildings					23	
24 Other assets (describe in Schedul	e O)				24	
				138,114		144,684
26 Total liabilities (describe in Scho	•				26	0
27 Net assets or fund balances (II  Part III Statement of Progr				138,114	2/  T	144,684 Expenses
Check if the organizatio				<b></b>	(Re	equired for section 501(c)
What is the organization's primary ex EXCHANGE, AMERICA'S SERVICE CLU COMMUNITIES BETTER PLACES TO LI YOUTH ACTIVITIES, AND ITS NATION Describe the organization's program s measured by expenses In a clear and benefited, and other relevant informa	IB, IS A GROUP OF N VE THROUGH PROG IAL PROJECT, THE P Service accomplishm I concise manner, d	RAMS OF SERVICE REVENTION OF CH ents for each of its escribe the service	IN AMERICANISM, CO ILD ABUSE three largest program	MMUNITY SERVICE, services, as	org	and 501(c)(4) anizations, optional for ers )
<b>28</b> See Additional Data Table						
(Crante # )	If this amount in	dudos foreign gran	ts, check here	▶ □	20-	
(Grants \$ ) <b>29</b>	II this amount int	liudes foreign gran	its, check here	. P 🗆	28a 29a	
					254	
(Grants \$ )	If this amount inc	ludes foreign gran	ts, check here	. ▶ □		
30	II this amount in	- Indes foreign gran	is, check here i	· , _	30a	
30					304	
(Grants \$ )	If this amount in	dudes foreign gran	ts, check here	▶ □		
•			<u> </u>		+	
<b>31</b> Other program services (describe (Grants \$ )	•		ts, check here		21-	
32 Total program service expense			ts, check here		31a 32	55,210
Part IV List of Officers, Direct	•					·
Check if the organization						
(a) Name and title		(b) Average hours per week evoted to position	(c) Reportable compensation (Forms W-2/1099- MISC) (if not paid,	(d) Health bend contributions to end benefit plans, deferred compen	nploye and	(e) Estimated amount of other compensation
DAVE GESKE	2 0	10	<b>enter -0-)</b>			0
PAST-PRESIDENT	2.0					
JOSH HERBOLD	2 0	10	0		,	0
PRESIDENT						
CHRIS HEISE	2 0	00	0		1	0
SECRETARY						
MAREN GEMAR	2 0	0	0		ı	0
PAST PRESIDENT						
CHAD RIETH	2 0	00	0			0
TREASURER						
JANA SAMEK	2 0	10	0			0
BOARD MEMBER						
BOARD MEMBER TAMMY ASKEW	2 0	nn	0			0
TAPIPIT ASKLW	2 0		ľ		,	٥
BOARD MEMBER						
KEVIN SKOOG	2 0	10	0			0
BOARD MEMBER						
SHANE LEBAHN	2 0	00	0		1	0
BOARD MEMBER						
LARRY LUBBEN	2 0	00	0			0
PRESIDENT-ELECT						
JAKE LAURITSEN	2 0	00	0		-	0
BOARD MEMBER ARIC CHRISTIANSEN	2 0	)n	0			
		-	·		,	
BOARD MEMBER						Form <b>990-F7</b> (2017)
						(100) E7 (2017)

detai  34 Were of the on Set of the year o	Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the							
detai  34 Were of the on Set of the year o	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V		🗆					
detai  34 Were of the on Set of the year o			Yes	No				
of the on Sc 35a Did t activ b If "Ye c Wasta 36 Did t the y 37a Enter b Did t 38a Did t 38a Did t 38 Section b Section and e 44a Did t of Fo Did t Inster	the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a liled description of each activity in Schedule O	33		No				
activ b If "Ye c Was notice 36 Did t the y 37a Enter b Did t 38a Did t any s b If "Ye 39 Section b Section c Section d Section d Section and Enter t Section f Section and e 41 List the c Loca b At arr finan If "Ye 43 Section and e 44a Did t of Fo b Did t inste	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)							
c Was notice 36 Did to the y 37a Enter b Did to any s b If "Ye 39 Section b Section c Section c Section d Section d Section and f "Ye 41 List the 42a The c Loca b At arr finan If "Ye 43 Section and e 44a Did to of Fo b Did to inste	5a 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)?							
c Was notice 36 Did to the y 37a Enter b Did to any s b If "Ye 39 Section b Section c Section c Section d Section d Section and f "Ye 41 List the 42a The c Loca b At arr finan If "Ye 43 Section and e 44a Did to of Fo b Did to inste	es," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		No				
the y  37a Enter b Did t  38a Did t  38a Did t  39 Secti a Initia b Gross  40a Secti exces has r c Secti mana d Secti by th e All or Loca b At ar finan  If "Ye  See t Fina c At ar  If "Ye  43 Section and e  44a Did t of Fo b Did t inste	the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) ce, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No				
37a Enter b Did t 38a Did t any s b If "Ye 39 Section a Initia b Gross 40a Section section b Section c Section d Section trans d Section trans d Section and e 41 List th 42a The c Loca b At arr finan If "Ye 43 Section and e 44a Did t of Fo b Did t inste	the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during year? If "Yes," complete applicable parts of Schedule N	36		No				
38a Did to any sobolish a lift "Ye any sobolish a linitia b Gross 40a Section section b Section and e sobolish	r amount of political expenditures, direct or indirect, as described in the instructions   37a   0							
38a Did to any sobolish a lift "Ye any sobolish a linitia b Gross 40a Section section b Section and e sobolish	the organization file <b>Form 1120-POL</b> for this year?	37Ь						
b If "Ye 39 Section a Initial b Gross 40a Section section b Section c Section d Section that I have th	the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were							
a Initia b Gross 40a Section section b Section excess has r c Section by the e All or trans List the 42a The c Loca b At ar finan If "Ye See t Fina c At ar If "Ye 43 Section and e 44a Did t of Fo b Did t inste	such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No				
a Initia b Gross 40a Section b Section c Section d Section by the e All or trans 41 List the 42a The C Loca b At arr finan If "Ye  See t Fina c At arr If "Ye  43 Section and e  44a Did t of Fo b Did t inste	es," complete Schedule L, Part II and enter the total amount involved							
b Gross 40a Section section b Section excess has r c Section d Section by th e All or trans 41 List th 42a The collist Loca b At ar finan If "Ye See to Fina c At ar If "Ye 43 Section and e 44a Did to of Fo b Did to inste	ion 501(c)(7) organizations Enter							
b Gross 40a Section section b Section excess has r c Section d Section by th e All or trans 41 List th 42a The collist Loca b At ar finan If "Ye See to Fina c At ar If "Ye 43 Section and e 44a Did to of Fo b Did to inste	ation fees and capital contributions included on line 9							
40a Section section section be Section exceed has recommended of Section from trans 41 List the 42a The condition of the Finance of the Finance of the Section and except the section of t	ss receipts, included on line 9, for public use of club facilities							
b Section exceed has r c Section managed of Section by the exceed has r d Section by the exceed has r exceed and section by the example of the example of the example of the exceed has a section and example of the example of the exceed has a section and example of the example of the exceed has a section and example of the example of the exceeding has a section and example of the example of the exceeding has a section and example of the example of the exceeding has a section and example of the exceeding has a section and example of the exceeding has a section by the exceeding has a se	tion 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under							
excee has r  c Section d Section by the e All or trans 41 List the 42a The color Loca b At arr finan If "Ye  See to Fina c At arr If "Ye  43 Section and e  44a Did to of Fo b Did to inste	on 4911 ▶ , section 4912 ▶ , section 4955 ▶							
mana d Section by the e All or 41 List the 42a The c Loca b At arr finan If "Ye  See t Fina c At ar If "Ye  43 Section and e  44a Did t of Fo b Did t inste	cion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 ess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No				
by the e All or trans 41 List the Loca b At ar finan If "Ye See the Finan c At ar If "Ye 43 Section and e 44a Did the of Fo b Did the inster	cion 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization lagers or disqualified persons during the year under sections4912, 4955, and 4958							
trans List the  42a The c Loca  b At ar finan  If "Ye  See t Fina c At ar  If "Ye  43 Section and e  44a Did t of Fo b Did t inste	tion 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed he organization							
41 List the 42a The 6 Loca b At arr finan If "Ye See t Fina c At ar If "Ye 43 Section and e 44a Did t of Fo b Did t inste	irganizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No				
42a The control Loca  b At an finan  If "Ye See to Fina control Contro	saction? If "Yes," complete Form 8886-T		I					
b At ar finan  If "Ye  See t Fina c At ar  If "Ye  43 Section and e  44a Did t of Fo b Did t inste	organization's books are in care of ▶ THE ORGANIZATION Telephone no ▶ (	701) 3	61-2705	i				
See the Finant of Formula of Form	ated at ▶ PO BOX 522 WEST FARGO, ND ZIP + 4 ▶	5807	'8					
See the Finant of Formula of Form		Г	1					
See to Fina c At an If "Ye 43 Section and e 44a Did to of Fo b Did to inste	ny time during the calendar year, did the organization have an interest in or a signature or other authority over a ncial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No				
Fina c At ar  If "Ye  43 Section and e  44a Did t of Fo b Did t inste	es," enter the name of the foreign country ▶							
If "Ye  43 Section and e  44a Did t of Fo  b Did t inste	the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and ancial Accounts (FBAR)							
43 Section and e  44a Did to for Formula bound to the section of t	ny time during the calendar year, did the organization maintain an office outside the U S ?	42c		No ——				
and e  44a Did t of Fo  b Did t inste	es," enter the name of the foreign country							
<b>44a</b> Did tof Foblottinste	on 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here	•	▶ □					
of Fo <b>b</b> Did t inste	enter the amount of tax-exempt interest received or accrued during the tax year	[	Yes	No				
ınste	the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead	44a		No				
c Did t	the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed ead of Form 990-EZ	44b		No				
	the organization receive any payments for indoor tanning services during the year?	44c		No				
	es," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an anianation in Schedule O	44d						
<b>45a</b> Dıd t	<b>15a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?							
<b>45b</b> Did to of se Form	the organization have a controlled entity within the meaning of section 512(b)(13)?							

	2017)							Page
							Yes	No
	rganization engage, directly or indire es for public office? If "Yes," complete					4.5		
	ection 501(c)(3) organization	·				46		No
A	II section 501(c)(3) organizations	must answer quest	ons 47-49b and 5	2, and c	complete the ta	bles for l	ines 50	and 5
Cl	heck if the organization used Schedul	e O to respond to any q	uestion in this Part V	I			Yes	□ No
			24(1)					
	rganization engage in lobbying activit complete Schedule C, Part II		or (n) election in effection			. 47		
8 Is the or	ganization a school as described in se	ction 170(b)(1)(A)(ii)?	If "Yes," complete Sc	nedule E		. 48		
<b>19a</b> Did the c	rganization make any transfers to an	exempt non-charitable	related organization?			. 49a		
<b>b</b> If "Yes,"	was the related organization a section	n 527 organization? .				. 49b		
	e this table for the organization's five					es and ke	y employ	ees)
	n received more than \$100,000 of cor me and title of each employee	npensation from the org	ganization If there is (c) Reportable		nter "None "  ) Health benefits,	(e) F	stimated	mour
(4)	me and this or each employee	hours per week devoted to position	compensation (Forms W-2/1099-	contr	butions to emplo enefit plans, and			
		devoted to position	MISC)		erred compensation	on		
	(a) Name and business address of (	each muependent contr	actor		ype of service	(c) Comp	PERISACION	<u> </u>
				1	1			
			+100.000	1				
<b>d</b> Total no	umber of other independent contracto	ers each receiving over	\$100,000		•			_
52 Did the	e organization complete Schedule A?	NOTE. All Section 501(	c)(3) organizations m			. <b>&gt;</b> $\square$ v	D	
Did the comple	e organization complete Schedule A? eted Schedule A	NOTE. All Section 501(	c)(3) organizations m			. ► <sub>□</sub> <sub>Y</sub>		
Did the comple	e organization complete Schedule A? eted Schedule A	NOTE. All Section 501(	c)(3) organizations m	hedules	and statements,	and to the	e best of	my
Did the comple	e organization complete Schedule A? eted Schedule A	NOTE. All Section 501(	c)(3) organizations m	hedules	and statements, ed on all informat	and to the	e best of	my
Did the complete of the comple	e organization complete Schedule A? eted Schedule A	NOTE. All Section 501(	c)(3) organizations m	 :hedules	and statements, ed on all informat	and to the	e best of	my
ign	e organization complete Schedule A? eted Schedule A	NOTE. All Section 501(	c)(3) organizations m	 :hedules	and statements, ed on all informat	and to the	e best of	my
nder penalties nowledge and as any knowle  ign ere	e organization complete Schedule A? eted Schedule A	NOTE. All Section 501(	c)(3) organizations m  ding accompanying so rer (other than office)	hedules	and statements, ed on all informat  2018-10-08  Date  Check   pT P10	and to the	e best of	my
nder penalties nowledge and as any knowledge ere	e organization complete Schedule A? eted Schedule A	NOTE. All Section 501(i	c)(3) organizations m  ding accompanying so rer (other than office)	chedules	and statements, ed on all informat	and to the ion of whi	e best of	my
nder penalties nowledge and as any knowle  ign ere	e organization complete Schedule A? eted Schedule A	NOTE. All Section 501(i	c)(3) organizations m  ding accompanying so rer (other than office)	chedules	and statements, ed on all informat  2018-10-08  Date  Check	and to the ion of white ion ion of white ion ion of white ion ion of white ion of white ion	e best of	my
nder penalties nowledge and as any knowle ign lere	e organization complete Schedule A? eted Schedule A	MOTE. All Section 501(i	c)(3) organizations m  ding accompanying so rer (other than office)	chedules	and statements, ed on all informat  2018-10-08  Date  Check if self-employed	and to the ion of white ion ion of white ion ion of white ion ion of white ion of white ion	e best of	my
nder penalties nowledge and as any knowle	e organization complete Schedule A? eted Schedule A	MOTE. All Section 501(i	c)(3) organizations m  ding accompanying so rer (other than office)	chedules	and statements, ed on all informat  2018-10-08  Date  Check	and to the ion of white ion ion of white ion ion of white ion ion of white ion of white ion	e best of	my

## Additional Data

## Software ID:

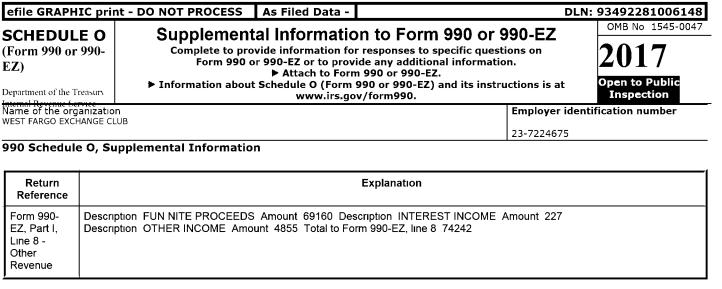
**Software Version:** 

**EIN:** 23-7224675

Name: WEST FARGO EXCHANGE CLUB

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

Describe the organization's pro services, as measured by exper number of persons benefited, a	(0	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
COMMUNITIES BETTER PLACES TO	CLUB, IS A GROUP OF MEN AND WOMEN WORKING TOGETHER TO MAKE OUR LIVE THROUGH PROGRAMS OF SERVICE IN AMERICANISM, COMMUNITY DITS NATIONAL PROJECT, THE PREVENTION OF CHILD ABUSE	28a	55,210	
(Grants \$ 0)	If this amount includes foreign grants, check here $\ . \ . \  ightharpoonup \ \Box$			



990 Schedule O, Supplemental Information

Return Reference	Explanation									
Form 990- EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification Given 55210	Grantee Name	VARIOUS ORG	SANIZATIONS	Property Description	CASH	Date of Gift	06/30/18	Amount	

990 Schedule O, Supplemental Information

Return
Reference

Explanation

Form 990EZ, Part I,
Line 16 Other
Expenses

Description MEMBER MEETING EXPENSES Amount 13301 Description DUES Amount 10225 Des
cription INSURANCE Amount 375 Description TROPHIES/AWARDS Amount 401 Description
FUN NIGHT EXPENSE Amount 13616 Description OFFICE/POSTAGE Amount 402 Total to Form
990-EZ, line 16 38320