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K Check ☒ If the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 116,869

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	2,706	
	2	Program service revenue including government fees and contracts	2		
	3	Membership dues and assessments	3	18,479	
	4	Investment income	4	2,513	
	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	90,528	
	c	Less direct expenses from gaming and fundraising events	6c	21,916	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	68,612	
	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	2,643	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	94,953	
	Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	55,595
		11	Benefits paid to or for members	11	
		12	Salaries, other compensation, and employee benefits	12	10,200
13		Professional fees and other payments to independent contractors	13	950	
14		Occupancy, rent, utilities, and maintenance	14		
15		Printing, publications, postage, and shipping	15		
16		Other expenses (describe in Schedule O)	16	14,124	
17		Total expenses. Add lines 10 through 16	17	80,869	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,084	
	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	100,695	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	2,455	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	117,234	

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	18,598	22	19,480
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	99,172	24	128,715
25 Total assets	117,770	25	148,195
26 Total liabilities (describe in Schedule O)	17,075	26	30,961
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	100,695	27	117,234

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?
TO PROVIDE HUMANITARIAN SERVICE, ENCOURAGE HIGH ETHICAL STANDARDS IN ALL VOCATIONS,
AND HELP BUILD GOODWILL AND PEACE IN THE WORLD ROTARY'S MAIN OBJECTIVE IS SERVICE IN
THE COMMUNITY, IN THE WORKPLACE, AND THROUGHOUT THE WORLD

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 CLUB SERVICE AND MEMBERSHIP DEVELOPMENT CLUB SERVICE INVOLVES ATTENDANCE, CLUB
NEWSLETTER, FELLOWSHIP, MAGAZINE, MEMBERSHIP DEVELOPMENT, PROGRAMS, PUBLIC
RELATIONS, CLASSIFICATIONS, AND ROTARY INFORMATION
(Grants \$ 150) If this amount includes foreign grants, check here

28a

17,271

29 APPLICATION OF SERVICE TO THE AREA COMMUNITY (JR ACHIEVEMENT, HIGH SCHOOL
SCHOLARSHIPS, COMMUNITY ACTION, YMCA, ETC)
(Grants \$ 47,945) If this amount includes foreign grants, check here

29a

53,216

30 ADVANCEMENT OF INTERNATIONAL GOODWILL & PEACE (YOUTH FOREIGN EXCHANGE,
INTERNATIONAL PROJECTS, ETC)
(Grants \$ 7,500) If this amount includes foreign grants, check here

30a

10,382

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

80,869

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
See Additional Data Table				

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) and 501(c)(4) 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) and 501(c)(4) 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) and 501(c)(4) 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 Verna Clark Telephone no (715) 386-7450 Located at PO BOX 48 HUDSON, WI ZIP + 4 54016		
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	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	
		Yes	No
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

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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 ☐

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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 paid more than \$100,000	(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	▶	
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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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000.	▶	
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52	Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	▶	☐ Yes ☐ No
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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		2013-08-23 Date		
	GARTH CHRISTENSON PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature JENNIFER A SCHUTZ	Date 2013-08-26	Check ☐ if self-employed	PTIN
	Firm's name ▶ LEWIS KISCH & ASSOCIATES LTD			Firm's EIN ▶	
	Firm's address ▶ 1125 SOUTH FRONTAGE ROAD SUITE 1 HASTINGS, MN 550332489			Phone no (651) 437-3356	

May the IRS discuss this return with the preparer shown above? See instructions	▶	☒ Yes ☐ No
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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CAR RAFFLE (event type)	GALA (event type)	2 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	32,471	25,539	32,518
	2	Less Contributions . . .			
	3	Gross income (line 1 minus line 2)	32,471	25,539	32,518
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .			
	7	Food and beverages .			
	8	Entertainment			
	9	Other direct expenses .	9,071	3,199	9,646
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine line 3, column (d), and line 10 ▶			

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
	6	Volunteer labor			
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2012**Open to Public
Inspection**Name of the organization
ROTARY INTERNATIONAL HUDSON
DAYBREAK ROTARY CLUB**Employer identification number**

39-1692800

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	HAPPY DOLLARS 1,348 FAST FOR HOPE BREAKFAST 722 NCAA 250 WILD GAME FEED 165 POLIO PLUS 158 TOTAL 2,643
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES PROMOTION 1,734 OFFICE SUPPLIES 743 HONORS BREAKFAST 814 CAMP RYLA 1,630 DISTRICT CONF 325 DUES 100 GUEST MEALS 1,962 HALLOWEEN PARADE 865 NEW MEMBER EXPENSES 207 PINS 143 GIFTS 250 SUPPLIES 184 YOUTH EXCHANGE EXPENSE 2,632 BANK CHARGES 32 INSURANCE 206 PRESIDENT FUND EXPENSE 250 SERVICE ABOVE SELF AWARD 91 FOUNDATION ITEM 150 GSE EXPENSES 250 INVESTMENT EXPENSES 1,556 TOTAL 14,124
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990-EZ, PART I, LINE 20	UNREALIZED GAIN ON INVESTMENTS 8,455 PRIOR YEAR RECLASS FROM LIABILITIES TO NET ASSETS -6,000
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 14,000 21,695 SECURITY DEPOSIT 250 0 SCVF CHARITABLE FUND 84,814 104,934 SCVF SHORT TERM FUND 108 106 SCVF MICRO LOAN FUND 0 1,980 TOTAL 99,172 128,715
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 140 480 DEFERRED REVENUE 15,018 26,681 VARIOUS PAYABLES 1,917 3,800
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	TO PROVIDE HUMANITARIAN SERVICE, ENCOURAGE HIGH ETHICAL STANDARDS IN ALL VOCATIONS, AND HELP BUILD GOODWILL AND PEACE IN THE WORLD ROTARY'S MAIN OBJECTIVE IS SERVICE IN THE COMMUNITY, IN THE WORKPLACE, AND THROUGHOUT THE WORLD

TY 2012 Compensation Explanation**Name:** ROTARY INTERNATIONAL HUDSON

DAYBREAK ROTARY CLUB

EIN: 39-1692800

Person Name	Explanation
ANNETTE COOK	
VERNA CLARK	
JAMES JOHNSON	
GARTH CHRISTENSON	
TRICIA CHRISTIANSEN	
DAWN MARQUART	
CHAD FETT	
RYAN CARI	
NANCY SORENSON	
BRUCE HANSON	
TOM VANPELT	
BURT WITTHUHN	
JENNIFER SCHUTZ	
JASON FREDRICKSON	

Additional Data

Software ID:
Software Version:
EIN: 39-1692800
Name: ROTARY INTERNATIONAL HUDSON
DAYBREAK ROTARY CLUB

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
ANNETTE COOK PAST PRESIDE	2 00	0		
VERNA CLARK EXECUTIVE SE	15 00	10,200		
JAMES JOHNSON PRESIDENT	10 00	0		
GARTH CHRISTENSON PRESIDENT EL	6 00	0		
TRICIA CHRISTIANSEN DIRECTOR	2 00	0		
DAWN MARQUART DIRECTOR	2 00	0		
CHAD FETT DIRECTOR	2 00	0		
RYAN CARI DIRECTOR	2 00	0		
NANCY SORENSON SECRETARY/TR	4 00	0		
BRUCE HANSON DIRECTOR	2 00	0		
TOM VANPELT DIRECTOR	2 00	0		
BURT WITTHUHN DIRECTOR	2 00	0		
JENNIFER SCHUTZ DIRECTOR	2 00	0		
JASON FREDRICKSON DIRECTOR	2 00	0		