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Form **990-EZ**

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 black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01 , 2012, and ending 06-30 , 2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ROTARY CLUB OF HUDSON, WISCONSIN

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 393

City or town, state or country, and ZIP + 4
Hudson, WI 54016

D Employer identification number
39-6076865

E Telephone number
(715) 386-7450

F Group Exemption Number ▶

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** ▶ WWW.HUDSONROTARYCLUB.ORG

J **Tax-exempt status** (check only one) - ☐ 501(c) (3) ☒ 501(c)(4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or 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 ▶ $ 51,337

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 ☒

	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	26,702
	4	Investment income	4	30
	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: 22,819		
	c	Less direct expenses from gaming and fundraising events — 6c: 3,423		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	19,396
	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	1,786
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	47,914
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	19,925
	11	Benefits paid to or for members	11	12,377
	12	Salaries, other compensation, and employee benefits	12	4,200
	13	Professional fees and other payments to independent contractors	13	850
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	6,237
	17	**Total expenses.** Add lines 10 through 16 ▶	17	43,589
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,325
	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	51,419
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	(6,150)
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	49,594

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	49,926	22	50,290
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	2,036	24	2,704
25 **Total assets**	51,962	25	52,994
26 **Total liabilities** (describe in Schedule O)	543	26	3,400
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	51,419	27	49,594

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 . . . . . ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? COMMUNITY AND HUMANITARIAN SERVICE

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 VOCATIONAL AND YOUTH SERVICE (YOUTH ACTION HUDSON, JUNIOR ACHIEVEMENT, SOS PLAYERS, CIVIL AIR PATROL, HUDSON SAFE, STUDENT SPONSORSHIPS AND SCHOLARSHIPS)
(Grants $ 9,585) If this amount includes foreign grants, check here . . . . . ▶ ☐ **28a** 11,487

29 COMMUNITY SERVICE (GRACE PLACE HOMELESS SHELTER, FAMILY RESOURCE CENTER, STATEN ISLAND RELIEF, Y PARTNERS, ROTARY BENCH PROJECT)
(Grants $ 5,820) If this amount includes foreign grants, check here . . . . . ▶ ☐ **29a** 6,015

30 INTERNATIONAL SERVICE (COSTA RICO PARK PROJECT, FAST FOR HOPE NICARAGUAN PROJECT, ROTARY INTL POLIO PLUS, MISSION DOCTORS ASSN)
(Grants $ 3,520) If this amount includes foreign grants, check here . . . . . ▶ ☐ **30a** 3,520

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** 21,022

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 (Form 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
VERNA CLARK EXECUTIVE SECREARY	8	4,200	0	0
KARI RAMBO PRESIDENT	8	0	0	0
CHARLES LADD PRESIDENT ELECT AND TREASURER	4	0	0	0
SCOTT WAGNER DIRECTOR	2	0	0	0
ZACH MCCABE DIRECTOR	2	0	0	0
BRIAN HINZ DIRECTOR	2	0	0	0
JEFF ZAIS DIRECTOR	2	0	0	0
DAN MARTENS PAST PRESIDENT	2	0	0	0
ERIC STARR DIRECTOR	2	0	0	0
JOHN MALMBERG DIRECTOR	2	0	0	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		X
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		X
35 a	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		X
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		X
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		X
37 a	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		X
38 a	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		X
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			
40 a	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		X
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		X
41	List the states with which a copy of this return is filed ▶ _____			
42 a	The organization's books are in care of ▶ VERNA CLARK Telephone no ▶ 715-386-7450			
	Located at ▶ PO BOX 393 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)?	42b		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country ▶ _____			
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
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
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		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
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		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 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		X

			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	46		X

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	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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 ▶

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 ▶

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

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	CHARLES LADD Signature of officer CHARLES LADD, PRESIDENT Type or print name and title	Date Charles D. Ladd 2/16/2014

Paid Preparer Use Only	Print/Type preparer's name Charles D Ladd	Preparer's signature Charles D Ladd	Date 02-16-2014	Check ☒ if self-employed	PTIN P00357149
	Firm's name ▶ Charles D Ladd CPA			Firm's EIN ▶	
	Firm's address ▶ 827 Bradley Dr Hudson WI 54016			Phone no	

May the IRS discuss this return with the preparer shown above? See Instructions ▶ ☐ Yes ☒ No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

ROTARY CLUB OF HUDSON, WISCONSIN

Employer identification number

39-6076865

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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 GOLF OUTING (event type)	(b) Event #2 GALA (event type)	(c) Other events None (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	9,160	11,286		20,446
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	9,160	11,286		20,446
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,374	1,693		3,067
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(3,067)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				17,379

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine line 1, column d, and line 7 ▶				

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 _____

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 990-EZ 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 CLUB OF HUDSON, WISCONSIN

Employer identification number

39-6076865

01. Description of other revenue (Part I, line 8)

Description	Amount
HAPPY DOLLARS AND DOLLAR RAFFLES	1,595
POLIO PLUS PIGGY BANK	191

02. List of grants and similar amounts paid (Part I, line 10)

Activity VOCATIONAL AND YOUTH SERVICE

Grantee SEE LIST PAGE 2 PART III

Street LARGEST $3,000

Amount 10,585

Activity COMMUNITY SERVICE

Grantee SEE LIST PAGE 2 PART III

Street LARGEST $1,820

Amount 5,820

Activity INTERNATIONAL SERVICE

Grantee SEE LIST PAGE 2 PART III

Street LARGEST $2,020

Amount 3,520

03. Description of other expenses (Part I, line 16)

Description	Amount
SUPPLIES AND POSTAGE	480

Name of the organization: ROTARY CLUB OF HUDSON, WISCONSIN

Employer identification number: 39-6076865

PINS, AWARDS, GIFTS	398
WEBSITE AND NEWSLETTER	148
GUEST MEALS	1,811
DUES AND SUBSCRIPTIONS	100
PROJECTOR AND SPEAKERS	406
MISCELLANEOUS	797
SPONSORSHIPS	1,902
GRACE PLACE ASSISTANCE	195

04. Other changes in net assets or fund balances (Part I, line 20)

Description	Amount
CHANGE IN RESERVES AND COMMITMENTS	(6,150)

05. Description of other assets (Part II, line 24)

Category	Beginning of Year	End of Year
MEMBER ACCOUNTS	2,036	2,704

06. Description of total liabilities (Part II, line 26)

Category	Beginning of Year	End of Year
DEFERRED REVENUE	343	0
VARIOUS PAYABLES	200	3,400

Name(s) as shown on return: ROTARY CLUB OF HUDSON, WISCONSIN

FEIN: 39-6076865

MEMBERSHIP DUES AND ASSESSMENTS

Description	Amount
MEALS	$ 19,487
FUNDRAISING ADMIN REIMBURSEMENT	3,423
DUES	3,359
GUEST MEALS	333
INITIATION FEE	100
Total:	**$ 26,702**