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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 private foundation)

▶ **Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.**

▶ **Information about Form 990-EZ and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , and ending 06-30-2014

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 province, country, and ZIP or foreign postal code
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 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 ▶ $ 29,290

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	Membership dues and assessments		3	8,044
	4	Investment income		4	51
	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	19,489	
	c	Less direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	19,489
	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	1,706
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	29,290
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	25,050
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	4,500
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	69
	16	Other expenses (describe in Schedule O)		16	4,925
	17	**Total expenses.** Add lines 10 through 16 ▶		17	34,544
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-5,254
	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	49,594
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	44,340

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	50,290	22	73,305
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	2,704	24	3,088
25	**Total assets**	52,994	25	76,393
26	**Total liabilities** (describe in Schedule O)	3,400	26	32,053
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	49,594	27	44,340

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 See Additional Data Table (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	28a		
29 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	29a		
30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	30a		
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	34,544	

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** 0			
b	Did the organization file **Form 1120-POL** for this year?	**37b**		
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 . . . ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0			
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 393 HUDSON, WI ZIP + 4 ▶ 54016

			Yes	No
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**		No
	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 the U S ?	**42c**		No
	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
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**		

		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**		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	**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	**(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 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

****** 2014-11-03

Signature of officer Date

SONYA JANSMA PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

Additional Data

Software ID:
Software Version:
EIN: 39-6076865
Name: ROTARY CLUB OF HUDSON WISCONSIN

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

Describe what was achieved in carrying out the organization's exempt purposes. 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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 VOCATIONAL AND YOUTH SERVICE (Grants $ 9,750) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	9,750
29 COMMUNITY SERVICE (Grants $ 6,800) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	6,800
30 INTERNATIONAL SERVICE (Grants $ 8,500) If this amount includes foreign grants, check here . . . ▶ ☑	**30a**	8,500
FELLOWSHIP AND MEMBER DEVELOPMENT PLUS VOLUNTEER SERVICE IN OUR LOCAL COMMUNITY (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐		9,494

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
CHARLES LADD PRESIDENT	8 00	0	0	0
SONYA JANSMA PRESIDENT-ELECT	4 00	0	0	0
VERNA CLARK EXECUTIVE SECRETARY	8 00	4,500	0	0
SCOTT WAGNER DIRECTOR	2 00	0	0	0
ZACH MCCABE DIRECTOR	2 00	0	0	0
JOEL SKINNER DIRECTOR	3 00	0	0	0
DAN MARTENS DIRECTOR	2 00	0	0	0
GENE HABERMAN DIRECTOR	2 00	0	0	0
TODD BOL DIRECTOR	2 00	0	0	0
CHRIS ANDERSON DIRECTOR	2 00	0	0	0
SAM CARI DIRECTOR	2 00	0	0	0
TOM MCCORMICK DIRECTOR	2 00	0	0	0

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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.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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	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.

Revenue / Direct Expenses		(a) Event #1 WINTER GALA (event type)	(b) Event #2 GOLF BENEFIT (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	8,495	8,089	2,905	19,489
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	8,495	8,089	2,905	19,489
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				( )
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				19,489

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.

Revenue / Direct Expenses		(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 Non-cash 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 Subtract line 7 from line 1, 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 _____

11

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. 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).

Return Reference	Explanation

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ROTARY CLUB OF HUDSON WISCONSIN

Employer identification number
39-6076865

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 51
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION HAPPY BUCKS & DOLLAR RAFFLES AMOUNT 1,645 DESCRIPTION POLIO PLUS DONATION S AMOUNT 61 TOTAL TO FORM 990-EZ, LINE 8 1,706
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME BRIDGE FOR HUDSON YOUTH GRANTEE ADDRESS 6 51 BRAKKE DRIVE HUDSON, WI 54016 GRANTEE RELATIONSHIP NONE DATE OF GIFT 07/16/13 AMOU NT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME HAND IN HAND FOR LITERACY GRANTEE ADDRESS 1560 SHERMAN AVE EVANSTON, IL 60201 GRANTEE RELATIONSHIP NONE DATE OF GIFT 07/16/13 AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME TANZANIA WATER PROJECT GRANTEE ADDRESS 15 60 SHERMAN AVE EVANSTON, IL 60201 GRANTEE RELATIONSHIP NONE DATE OF GIFT 08/31/13 AMO UNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME GHANA STREET GIRLS LITERACY PROJECT GRANTE E ADDRESS PO BOX CT 5508 CANTONMENTS , ACCRA, GHANA GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/30/13 AMOUNT GIVEN 3,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME HUDSON BOOSTERS GRANTEE ADDRESS PO BOX 35 4 HUDSON, WI 54016 GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/03/13 AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME YOUTH ACTION HUDSON GRANTEE ADDRESS 911 4 TH ST #218 HUDSON, WI 54016 GRANTEE RELATIONSHIP NONE DATE OF GIFT 12/12/13 AMOUNT GI VEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME OPERATION HELP GRANTEE ADDRESS 502 COUNTY RD UU HUDSON, WI 54016 GRANTEE RELATIONSHIP NONE DATE OF GIFT 12/12/13 AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME FAMILY RESOURCE CENTER GRANTEE ADDRESS 85 7 MAIN STREET BALDWIN, WI 54002 GRANTEE RELATIONSHIP NONE DATE OF GIFT 12/12/13 AMOUN T GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME INTERNATIONAL VILLAGE CLINIC GRANTEE ADDRE SS PO BOX 386243 MINNEPOLIS, MN 55438 GRANTEE RELATIONSHIP NONE DATE OF GIFT 12/12/13 AMOUNT GIVEN 1,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME SHELTER BOX, USA GRANTEE ADDRESS 8374 MAR KET ST #203 LAKEWOOD RANCH, FL 34202 GRANTEE RELATIONSHIP NONE DATE OF GIFT 12/17/13 AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME HUDSON FOOD SHELF GRANTEE ADDRESS 1500 VI NE STREET HUDSON, WI 54016 GRANTEE RELATIONSHIP NONE DATE OF GIFT 12/19/13 AMOUNT GIV EN 300
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME GRACE PLACE/SALVATION ARMY GRANTEE ADDRESS 203 CHURCH HILL ROAD SOMERSET, WI 54025 GRANTEE RELATIONSHIP NONE DATE OF GIFT 03/14 /14 AMOUNT GIVEN 3,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME FAST FOR HOPE GRANTEE ADDRESS 1560 SHERMA N AVE EVANSTON, IL 60201 GRANTEE RELATIONSHIP NONE DATE OF GIFT 04/30/14 AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME HHS SCHOLARSHIPS GRANTEE ADDRESS 644 BRAK KE DR HUDSON, WI 54016 GRANTEE RELATIONSHIP NONE DATE OF GIFT 04/30/14 AMOUNT GIVEN 2,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME BRIDGE FOR YOUTH GRANTEE ADDRESS 651 BRAK KE DRIVE HUDSON, WI 54016 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/08/14 AMOUNT GIVE N 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME JUNIOR ACHIEVEMENT GRANTEE ADDRESS 505 DE WEY ST SOUTH SUITE 204 EAU CLAIRE, WI 54701 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/ 08/14 AMOUNT GIVEN 1,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME YMCA YIG PROGRAM GRANTEE ADDRESS 2211 VIN E STREET HUDSON, WI 54016 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/08/14 AMOUNT GIVE N 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME HUDSON SAFE GRANTEE ADDRESS 808 CARMICHAE L RD #286 HUDSON, WI 54016 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/08/14 AMOUNT GIV EN 500

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME WORLD WATER WORKS GRANTEE ADDRESS 4000 SW 113TH ST OKLAHOMA CITY, OK 73173 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/08/14 AMO UNT GIVEN 2,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 25,050
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION POLIO PLUS FUND AT ROTARY INTERNATIONAL AMOUNT 1,550 DESCRIPTION YOUTH SC HOLARSHIPS AMOUNT 350 DESCRIPTION TRAINING FEES AMOUNT 624 DESCRIPTION DUES & MEMB ERSHIPS AMOUNT 103 DESCRIPTION OFFICE SUPPLIES AMOUNT 310 DESCRIPTION CAMP RYLA A MOUNT 330 DESCRIPTION BANK FEES AMOUNT 24 DESCRIPTION MEETING SUPPLIES AMOUNT 314 DESCRIPTION COMMUNITY EVENTS AMOUNT 955 DESCRIPTION MISCELLANEOUS EXPENSES AMOUNT 365 TOTAL TO FORM 990-EZ, LINE 16 4,925
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION MEMBER CURRENT ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 2,704 END OF YEAR AMOUNT 3,088
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 3,400 END OF YEAR AMOUNT 1,000 DESC RIPTION GRACE PLACE AGENCY ACCOUNT BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 27,753 D ESCRIPTION GRANTS AND SCHOLARSHIPS PAYABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 3 ,300

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492311000484

TY 2013 Transfers Personal Benefits Contracts Declaration

Name: ROTARY CLUB OF HUDSON WISCONSIN

EIN: 39-6076865

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.