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Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www irs gov/form990

Open to Public Inspection

| A F          | or the           | e 2013 calendar year, or tax year beginning $07/01$ , 2013, a  | and endin                      | g           | _                                   | 06/             | 30 <b>,20</b> 14       |
|--------------|------------------|--|--------------------------------|-------------|-------------------------------------|-----------------|------------------------|
| D            | eck if app       | C Name of organization ROTARY CLUB OF MILWAUKEE COMMUNI  | TY TR                          |             | D Employeride                       | entificat       | tion number            |
| D C          | _                | 000013743300   |                                |             |                                     |                 |                        |
| X            | Addre            | o Doing Business As  |                                |             | 93-075                              |                 |                        |
|              | Name             | change Number and street (or P O box if mail is not delivered to street address)   | oom/suite                      |             | E Telephone no                      | ımber           |                        |
| L            | Initial          | return P O BOX 0634  |                                |             | 414 28                              | <u>7-38</u>     | 32                     |
| L            | Termii           | City or town, state or province, country, and ZIP or foreign postal code   |                                |             |                                     |                 |                        |
| L            | Amen             |  |                                |             | G Gross receipt                     | s \$            | 1,609,262              |
|              | Applic<br>pendir |  |                                |             | H(a) Is this a grou<br>subordinates |                 | for Yes X              |
|              |                  |  | ., - ,                         |             | H(b) Are all subords                |                 | ded? Yes N             |
|              | Tax-ex           | empt status X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or  | 527                            | 7           | If "No," attac                      | halist (s       | see instructions)      |
|              | Websi            | te ► N/A   |                                |             | H(c) Group exemp                    |                 | <del></del>            |
| _            |                  | of organization   Corporation   X Trust   Association   Other  | L Year of                      | forma       | tion 1994 <b>M</b>                  | State of        | legal domicile WI      |
| Pá           | irt 15           | · · · · · · · · · · · · · · · · · · ·  |                                |             |                                     |                 |                        |
|              | 1                | Briefly describe the organization's mission or most significant activities   |                                |             | -,                                  |                 |                        |
| ce           |                  | Support for the Rotary Club of Milwaukee's Chari   |                                |             |                                     | - <del></del> - |                        |
| Governance   |                  | Support to the Rotary Club of Milwaukee's schola   |                                |             |                                     |                 |                        |
| ve           | 2                | Check this box  If the organization discontinued its operations or disposed of   | of more tha                    | n 25%       | 6 of its net assets                 | 1 1             |                        |
| ၓ            |                  | Number of voting members of the governing body (Part VI, line 1a)  |                                |             |                                     | 3               |                        |
| တ္တ          |                  | Number of independent voting members of the governing body (Part VI, line 1b)  |                                |             |                                     | 4               |                        |
| ij           |                  | Total number of individuals employed in calendar year 2013 (Part V, line 2a)   |                                |             |                                     | 5               | NON!                   |
| Activities & |                  | Total number of volunteers (estimate if necessary)   |                                |             |                                     | 6               | NON:                   |
| ⋖            |                  | Total unrelated business revenue from Part VIII, column (C), line 12   |                                |             |                                     | 7a              | NON                    |
|              | b                | Net unrelated business taxable income from Form 990-T, line 34   |                                | <del></del> |                                     | 7b              | NON                    |
|              |                  |  |                                |             | Prior Year                          |                 | Current Year           |
| ا بو         |                  | Contributions and grants (Part VIII, line 1h)  |                                |             | 307,3                               | 86              | 370,28                 |
| Revenue      |                  | Program service revenue (Part VIII, line 2g)   |                                |             |                                     |                 |                        |
| è.           |                  | Investment income (Part VIII, column (A), lines 3, 4, and 7d).   |                                |             | 148,6                               |                 | 284,86                 |
|              |                  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11epper  | /Fn·                           |             | 2,4                                 |                 | 3,86                   |
|              |                  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) Time 127  | ·                              | O           | 458,4                               |                 | 659,01                 |
|              |                  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |                                | 8           | 409,0                               | 3/              | 215,45                 |
|              |                  | Benefits paid to or for members (Part IX, column (A), line 4).   | 2015 -                         | 0-8         | 20 5                                | <del></del>     | 22.06                  |
| Expenses     |                  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |                                | œ l         | 20,5                                |                 | 22,96                  |
| en           |                  | Professional fundraising fees (Part IX, column (A), line 11e)  | . 112.                         | -           | 4,5                                 | 03              | 7,00                   |
| 쫐            |                  | Total fundraising expenses (Part IX, column (D), line 25) ▶  |                                |             | 1 0                                 | 00              | 40.06                  |
|              | 1                | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |                                |             | 1,2                                 |                 | 40,26                  |
|              | i                | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)   |                                |             | 435,3                               |                 | 285,69                 |
| - 10         | 19               | Revenue less expenses Subtract line 18 from line 12  |                                | D:          | 23,1                                |                 | 373,32                 |
| lances       |                  | T . I /D /   |                                | Begii       | nning of Current \                  |                 | End of Year            |
| Ball         | 20               | Total assets (Part X, line 16)   | • • • • •                      |             | 2,760,6                             |                 | 3,134,00               |
| Fund Bal     | 21               | Total liabilities (Part X, line 26)  |                                |             |                                     | ONE.            | NO:                    |
|              | 22<br>1 II       | Net assets or fund balances Subtract line 21 from line 20  |                                | 1           | 2,760,6                             | /6 [            | 3,134,00               |
|              |                  | Signature Block  | o and states                   | oonto.      | and to the best of                  | f my kn         | ovelodge and heliof it |
| true         | e, corre         | nalties of perjury, I declare that I have examined this return, including accompanying schedule<br>ct, and complete. Declaration of preparer (other than officer) is based on all information of which | rs and staten<br>i preparer ha | s any k     | nowledge                            | тпу ка          | owledge and belief, it |
|              |                  | 1 /2/  |                                |             | 05/1                                | r /20           | 1 -                    |
| ig           | n                | Signature of officer   |                                |             | 05/1<br>Date                        | 3/20            | 15                     |
| lei          |                  |  |                                |             | 2010                                |                 |                        |
|              |                  | ZORA L WALKER, Trust TaxOffice Type or print name and title  |                                |             |                                     |                 |                        |
|              |                  | Print/Type preparer's name Preparer's signature  | Date                           |             | 12                                  | , PT            | IN                     |
| aic          | ł                |  | 05/15/                         | ′2A1        | Check<br>5 self-employ              | J ''   [        |                        |
| rep          | parer            | DONALD J ROMAN  DDICEMATERMOLICECOOPERS LINE   | 102/T2/                        | ∠ U I       | <del></del>                         |                 | P00364310              |
| Jse          | Only             | Firm's name PRICEWATERHOUSECOOPERS LAP   | 10                             |             |                                     |                 | 008324                 |
| A a v        | the !!           | Firm's address ► 600 GRANT STREET; PITTSBURGH, PA 1521 RS discuss this return with the preparer shown above? (see instructions)  | Lタ                             |             | Phone no                            | 414-            | 765-5322               |
|              |                  |  |                                | • • •       | <del></del>                         | • • •           | X Yes N                |
| Or           | ~aper            | work Reduction Act Notice, see the separate instructions.  |                                |             |                                     |                 | Form <b>990</b> (201   |

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| form 990 (2013)  | Page 2   |
|--|--|
| Part III Statement of Program Service Accomplishme                             |  |
|  | ote to any line in this Part III   |
| 1 Briefly describe the organization's mission:                                 | auland a Charital a Dunianta   |
| Support for the Rotary Club of Milway Support to the Rotary Club of Milway     |  |
| support to the Rocary Club of Milwat   | ikee's schotalship program.  |
|  |  |
| prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O | m services during the year which were not listed on the  |
| services?  | significant changes in how it conducts, any programYes X No.   |
|  | olishments for each of its three largest program services, as measured belons are required to report the amount of grants and allocations to others am service reported. |
| 4a (Code) (Expenses \$inclu  | uding grants of \$ 56 , 775 . ) (Revenue \$)   |
| General funding support for projects   | or events of   |
| the Rotary Club of Milwaukee   |  |
|  |  |
|  |  |
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|  |  |
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|  |  |
|  |  |
|  |  |
| 4b (Code ) (Expenses \$ inclu  | uding grants of \$ 43,345.) (Revenue \$)   |
| Center for Resilient Cities - JOHNSO   |  |
|  |  |
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|  |  |
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|  |  |
| c (Code ) (Expenses \$ inclu   | uding grants of \$ 16,960.) (Revenue \$)   |
| Milwaukee Public Schools - special a   | activites and programs at  |
| OLIVER WENDELL HOLMES AND BROWN ST A   |  |
|  |  |
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| <u> </u>   |  |
|  |  |
| ld Other program services (Describe in Schedule O.)                            |  |
|  | ) (Revenue \$  |
| (Expenses \$ including grants of \$  | ) (Revenue \$  |
| (Expenses \$ including grants of \$  4e Total program service expenses ▶  SA   |  |
| 4e Total program service expenses ►  | Form <b>990</b> (2013  |
| (Expenses \$ including grants of \$  4e Total program service expenses ▶       |  |

| Part     | Checklist of Required Schedules  |      |                   |          |
|----------|--|------|-------------------|----------|
|          |  |      | Yes               | No_      |
| 1        | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"              |      |                   |          |
|          | complete Schedule A  | 1    | Χ                 |          |
| 2        | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                          | 2    | Χ                 |          |
| 3        | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to           |      |                   |          |
|          | candidates for public office? If "Yes," complete Schedule C, Part I  | 3    |                   | <u>X</u> |
| 4        | Section 501(c)(3) organizations. 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   | 4    |                   | <u>X</u> |
| 5        | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,               |      |                   |          |
|          | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,                      |      |                   |          |
|          | Part III   | 5    |                   |          |
| 6        | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors                    |      |                   |          |
|          | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If                |      |                   |          |
|          | "Yes," complete Schedule D, Part I   | 6    |                   | <u>X</u> |
| 7        | Did the organization receive or hold a conservation easement, including easements to preserve open space,                  | _    |                   |          |
| _        | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                       | 7    |                   | X_       |
| 8        | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"        | _    |                   | 7.       |
| _        | complete Schedule D, Part III  | 8    |                   | X_       |
| 9        | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a            |      |                   |          |
|          | custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or               | _    |                   | v        |
| 10       | debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9    |                   | X        |
| 10       | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V                               | 10   |                   | Х        |
| 11       |  |      | királá.           | 1 414    |
| ••       | Vil, VIII, IX, or X as applicable  |      | ridara<br>:it::pa | 3.23424  |
| а        | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"                     |      | 212.2.2           | أنسكنتك  |
| <b>"</b> | complete Schedule D, Part VI   | 11a  |                   | Х        |
| ь        | Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more               |      |                   |          |
|          | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                   | 11b  |                   | Х        |
| С        | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more                |      |                   |          |
|          | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.                                 | 11c  |                   | X        |
| d        | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets           |      |                   |          |
|          | reported in Part X, line 167 If "Yes," complete Schedule D, Part IX  | 11d  |                   | X        |
| е        | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X      | 11e  |                   | X        |
| f        | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses    |      |                   |          |
|          | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X     | 11f  |                   | X_       |
| 12 a     | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"                 |      |                   |          |
|          | complete Schedule D, Parts XI and XII  | 12a  |                   | <u>X</u> |
| b        | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if |      |                   |          |
|          | the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                       | 12b  |                   | <u>X</u> |
| 13       | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                          | 13   |                   | X        |
|          | , , , ,  | 14a  |                   | <u>X</u> |
| þ        | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,                           |      |                   |          |
|          | fundraising, business, investment, and program service activities outside the United States, or aggregate                  | 4.46 |                   | v        |
| 15       |  | 14b  |                   | X        |
| 15       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or          | 15   |                   | v        |
| 16       | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 13   |                   | <u>X</u> |
| . 0      | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                  | 16   |                   | X        |
| 17       | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on             |      |                   |          |
| .,       | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                             | 17   |                   | Х        |
| 18       | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on                | • •  |                   | - 21     |
|          | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18   | Х                 |          |
| 19       | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?               |      |                   |          |
| -        | If "Yes," complete Schedule G, Part III  | 19   |                   | X        |
| 20 a     | · · · · · · · · · · · · · · · · · · ·  | 20a  |                   | X        |
|          |  | 20b  |                   |          |
|          |  |      |                   |          |

| Part | Checklist of Required Schedules (continued)  | <del></del> |     | <b>,</b>     |
|------|--|-------------|-----|--------------|
|      |  |             | Yes | No           |
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or      |             |     |              |
|      | government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                         | 21          | Х   |              |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States  |             |     |              |
|      | on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III                                   | 22          | Х   |              |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the              |             |     |              |
| 25   | organization's current and former officers, directors, trustees, key employees, and highest compensated          |             |     |              |
|      |  | 23          |     | Х            |
| 24   | employees? If "Yes," complete Schedule J   | 23          |     |              |
| 24 a |  |             |     |              |
|      | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b    |             | İ   | ١,,          |
|      | through 24d and complete Schedule K If No, go to line 25a  | 24a         |     | X            |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                | 24b         |     |              |
| С    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year        |             |     |              |
|      | to defease any tax-exempt bonds?   | 24c         |     |              |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?          | 24d         |     |              |
| 25 a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction      |             |     |              |
|      | with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                | 25a         |     | X            |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior |             |     |              |
|      | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?     |             |     | İ            |
|      | If "Yes," complete Schedule L, Part L  | 25b         |     | X            |
| 26   | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any        |             |     |              |
|      | current or former officers, directors, trustees, key employees, highest compensated employees, or                |             |     |              |
|      | disqualified persons? If so, complete Schedule L, Part II  | 26          |     | Х            |
| 27   | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,         | -           |     |              |
|      | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled          |             |     |              |
|      | entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>                  | 27          |     | Х            |
| 20   | Was the organization a party to a business transaction with one of the following parties (see Schedule L,        |             |     |              |
| 28   |  |             |     | 1            |
|      | Part IV instructions for applicable filing thresholds, conditions, and exceptions)                               | 200         | -   | X            |
| a    | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV          | 28a         |     |              |
| b    | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete           | 201         |     | 7,7          |
|      | Schedule L, Part IV  | 28b         |     | X            |
| С    | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)  |             |     | ,,           |
|      | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV           |             | ļ   | X            |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M         | 29          | ļ   | X            |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified   |             |     |              |
|      | conservation contributions? If "Yes," complete Schedule M  | 30          |     | X            |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,      |             |     | 1            |
|      | Part I   | 31          |     | X            |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"          |             | Ì   |              |
|      | complete Schedule N, Part II   | 32          |     | X            |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations       |             |     |              |
|      | sections 301 7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I  | 33          |     | X            |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,   |             |     |              |
|      | or IV, and Part V, line 1  | 34          | Х   |              |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                          | 35a         | Χ   | ļ            |
| b    | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a          | -           |     | <del> </del> |
| , o  | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2        | 35b         | Х   |              |
| 26   |  | 335         |     |              |
| 36   | Section 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable              | 20          | ŀ   | <sub>v</sub> |
|      | related organization? If "Yes," complete Schedule R, Part V, line 2  | 36          |     | X            |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization |             |     |              |
|      | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,             |             |     |              |
|      | Part VI  | 37          |     | X            |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and       |             |     |              |
|      | 197 Note. All Form 990 filers are required to complete Schedule O  | 38          |     | X            |

| Par |   |             |          |              |
|-----|---|-------------|----------|--------------|
|     | Check if Schedule O contains a response or note to any line in this Part V  | <del></del> | Yes      | No           |
| 1 a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  |             | 162      | 7.           |
|     | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  |             | , ,      |              |
|     | Did the organization comply with backup withholding rules for reportable payments to vendors and  | į.          |          | ·            |
|     | reportable gaming (gambling) winnings to prize winners?   | 1c          |          | X            |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   |             | ٠,       |              |
|     | Statements, filed for the calendar year ending with or within the year covered by this return 2a 0  |             |          | ,            |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b          |          |              |
|     | Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |             |          |              |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | За          |          | X            |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O   | 3b          |          |              |
| 4a  | 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) <sup>7</sup>   | 4a          |          | X            |
| b   | If Yes, enter the name of the foreign country: ►  | ~           |          | -            |
| _   | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts   | <u> </u>    |          |              |
|     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a          |          | X            |
|     | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b          |          | X            |
|     | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c          |          |              |
| 0a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a          |          | X            |
| h   | If "Yes," did the organization include with every solicitation an express statement that such contributions or  | - Oa        |          |              |
|     | gifts were not tax deductible?  | 6b          |          |              |
| 7   | Organizations that may receive deductible contributions under section 170(c)  | 1           | -        |              |
|     | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods   | 1           | (3)4°C 2 | ( nt %       |
|     | and services provided to the payor?   | 7a          |          | X            |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b          |          |              |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  |             |          |              |
|     | required to file Form 8282?   | 7с          |          | X            |
|     | If "Yes," indicate the number of Forms 8282 filed during the year   | <u></u>     | , · ·    | , (fin.      |
|     | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e          |          | X            |
|     | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f          |          | X_           |
|     | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g          |          | _ X          |
| _   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h          |          | X            |
| 8   | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting   | 1           | -8°°     | -% -         |
|     | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring  |             |          |              |
| 0   | organization, have excess business holdings at any time during the year?  | 8           | , -      | X            |
| 9   | Did the organization make any taxable distributions under section 4966?   | 9a          |          | Х            |
|     | Did the organization make a distribution to a donor, donor advisor, or related person?  | 9b          |          | X            |
| 10  |   |             |          |              |
|     | Initiation fees and capital contributions included on Part VIII, line 12  | 1           | . 50     | % <b>≯</b>   |
|     | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   |             |          | ٠.           |
| 11  | Section 501(c)(12) organizations. Enter:  |             | ,        | ,            |
| а   | Gross income from members or shareholders   | 1           | 1. 1     | ^ <b>%</b> 4 |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources  |             |          | ε.           |
|     | against amounts due or received from them )   |             | , ,      | ,            |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a         |          |              |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b   |             | ;        | ٦            |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.  |             |          | ٠            |
| а   | Is the organization licensed to issue qualified health plans in more than one state?  | 13a         |          |              |
|     | Note. See the instructions for additional information the organization must report on Schedule O.   | \$ }<br>31  |          |              |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which  | 81          |          | <b>\</b> `   |
|     | the organization is licensed to issue qualified health plans  |             | }        | *            |
|     | Enter the amount of reserves on hand  | 4.2         |          | 77           |
|     | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a         |          | _X           |
| 13  | in 1997 nao ninoa a Folli 720 to fopoli trioso paymonto' Il INO. Diavide dil expiditation in Stitetille O   | 1           | 1        |              |

| Sect  | ion A. Governing Body and Management  |                   |          |              | <u> </u> |
|---|---|-------------------|----------|--------------|----------|
| <del>, , , , , , , , , , , , , , , , , , , </del> | ion A. Governing Body and Management  |                   |          | Yes          | No       |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year · · · · ·   | 1a                |          |              |          |
|   | If there are material differences in voting rights among members of the governing body, or if the governing   | <del></del>       |          |              |          |
|   | body delegated broad authority to an executive committee or similar committee, explain in Schedule O  |                   |          |              |          |
| b   | Enter the number of voting members included in line 1a, above, who are independent  | 1b                |          |              |          |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business rel  | ationship with    |          |              |          |
| _   | any other officer, director, trustee, or key employee?  | •                 | 2        | _            | X        |
| 3   | Did the organization delegate control over management duties customarily performed by or ur   |                   |          |              |          |
| •   | supervision of officers, directors, or trustees, or key employees to a management company or other  |                   | 3        |              | X        |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was fi  |                   | 4        |              | X        |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's  |                   | 5        |              | Х        |
| 6   | Did the organization have members or stockholders?  |                   | 6        |              | X        |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to el-  |                   |          |              |          |
| -   | one or more members of the governing body?  |                   | 7a       |              | X        |
| b   | Are any governance decisions of the organization reserved to (or subject to approval  |                   |          |              |          |
|   | stockholders, or persons other than the governing body?   | •                 | 7b       |              | X        |
| 8   | Did the organization contemporaneously document the meetings held or written actions under  |                   |          |              |          |
|   | the year by the following:  | ortanorr darring  |          |              |          |
| а   | The governing body?   |                   | 8a       | X            |          |
| b   | Each committee with authority to act on behalf of the governing body?   |                   | 8b       | Χ            |          |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot  |                   |          |              |          |
|   | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   |                   | 9        |              | X        |
| ect   | on B. Policies (This Section B requests information about policies not required by the In   | ternal Revenue    | Cod      | e.)          |          |
|   |   | _                 |          | Yes          | No       |
| 0a  | Did the organization have local chapters, branches, or affiliates?  | <i>.</i>          | 10a      |              | X        |
|   | If "Yes," did the organization have written policies and procedures governing the activities of   |                   |          |              |          |
|   | affiliates, and branches to ensure their operations are consistent with the organization's exempt pi  |                   | 10b      |              | 1        |
| 1a  | Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi   | · ·               | 11a      |              | Х        |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.   | ing the torm -    |          |              |          |
| 2a  | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>  |                   | 12a      | Х            | ļ        |
| b   | · · · · · · · · · · · · · · · · · · ·   |                   |          |              |          |
| _   | rise to conflicts?  |                   | 12b      | Х            |          |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the pr  |                   |          |              |          |
| Ĭ   | describe in Schedule O how this was done  | •                 | 12c      | Х            |          |
| 13  | Did the organization have a written whistleblower policy?   |                   | 13       |              | X        |
| 14  | Did the organization have a written document retention and destruction policy?  |                   | 14       |              | X        |
| 15  | Did the process for determining compensation of the following persons include a review an   |                   | <u> </u> |              |          |
|   | independent persons, comparability data, and contemporaneous substantiation of the deliberation   |                   |          |              |          |
| а   | The organization's CEO, Executive Director, or top management official  |                   | 15a      |              | Х        |
| b   | Other officers or key employees of the organization   |                   | 15b      |              | X        |
| D   | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  |                   | 130      |              | - 21     |
|   | •   |                   |          |              | ļ        |
| 1 <b>6</b> a                                      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar  | _                 | 160      |              | Х        |
| L   | with a taxable entity during the year?  |                   | 16a      |              | ^        |
| D   | If "Yes," did the organization follow a written policy or procedure requiring the organization  | to evaluate its   |          |              |          |
|   | participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements? | sateguard the     | 4.01     |              |          |
| act   | ion C. Disclosure   | <del> </del>      | 16b      | !            | !        |
| _   |   | <del></del>       |          |              |          |
| 17  | List the states with which a copy of this Form 990 is required to be filed ►Wisconsin   |                   |          |              |          |
| 18  | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and  | l 990-T (Section  | 501(     | c)(3)s       | only     |
|   | available for public inspection. Indicate how you made these available. Check all that apply  |                   |          |              |          |
|   | Own website Another's website X Upon request Other (explain in Sch  |                   |          |              |          |
| 9   | Describe in Schedule O whether (and if so, how) the organization made its governing document  | s, conflict of in | terest   | polic        | y, an    |
|   | financial statements available to the public during the tax year.   |                   |          |              |          |
| 20  | State the name, physical address, and telephone number of the person who possesses the books  | and records of t  | he       |              |          |
|   | organization: ►U.S. BANK, N.A. TEL: (414)287-3935   |                   |          |              |          |
| SA  | MK-WI-TWPT  |                   | Forn     | n <b>990</b> | (2013    |
| 2 1 00  | O 777 F WISCONSIN AVE. MILWAIKEE WI 52202   |                   |          |              |          |

| Form 990 (2013) | Page |
|-----------------|------|
|                 |      |

# Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees; and former such persons

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                      | (B) Average hours per week (list any   | box,        | unle   | Pos<br>neck<br>ss pe | rson                             | e than o   | an       | (D) Reportable compensation from | (E)<br>Reportable<br>compensation from<br>related | (F) Estimated amount of other |
|--|--|-------------|--|----------------------|----------------------------------|--|----------|----------------------------------|---|-------------------------------|
|  | week (list any officer and a director/trustee) from the organization (W-2/1099-MISC) from the organization (W-2/1099-MISC) |             | migresi cumpensareu employee Key employee Officer Institutional trustee Individual trustee or director |                      | organizations<br>(W-2/1099-MISC) | compensation<br>from the<br>organization<br>and related<br>organizations |          |                                  |   |                               |
| (1) ADAM WIENSCH                           |  |             |  |                      |                                  |  |          |                                  |   |                               |
| RCM COMMUNITY TRUST TRUSTEE                |  | X           |  | Х                    |                                  |  |          | NON                              | NONE  | NONE                          |
| (2) WILLIAM COLEMAN                        |  |             |  |                      |                                  |  |          |                                  |   |                               |
| TREASURER                                  |  | X           | L  | X                    |                                  |  |          | NON                              | NONE  | NONE                          |
| (3) JOHN BERNADEN                          |  |             |  |                      |                                  |  |          |                                  |   |                               |
| VICE-PRESIDENT                             |  | X           | <u> </u>   | X                    |                                  |  | <u> </u> | NONI                             | NONE  | NONE                          |
| _(4)_MARY_MCCORMICK<br>SECRETARY           |  | Х           |  | X                    |                                  | i  |          | NONE                             | NONE  | NONE                          |
| (5) KATHIE EILERS                          |  |             |  | Α.                   |                                  |  |          | NON                              | NONE  | <u>NON</u> E                  |
| PRESIDENT                                  | <b></b>  | X           |  | X                    |                                  |  |          | NONE                             | NONE  | NONE                          |
| (6) RYAN DANIELS                           |  | <del></del> |  | 1                    |                                  |  |          | 1,011                            | NONE  | HONE                          |
| SERGEANT-AT-ARMS                           |  | Х           | l  | X                    |                                  |  |          | NON                              | NONE  | NONE                          |
| (7) RICK_WHITE<br>IMMEDIATE PAST PRESIDENT |  | X           |  | Х                    |                                  |  |          | NONI                             | NONE  | NONE                          |
| (8) KIM SCHAFFER<br>BOARD MEMBER           |  | Х           |  |                      |                                  |  |          | NONI                             | NONE  | NONE                          |
| (9) CHRIS HOLMES<br>BOARD MEMBER           |  | Х           |  |                      |                                  |  |          | NONI                             | NONE  | NONE                          |
| (10) JEAN CASEY                            | L  |             |  |                      |                                  |  |          |                                  |   |                               |
| BOARD MEMBER                               |  | X           | _  |                      |                                  |  |          | NON                              | NONE NONE   | NONE NONE                     |
| (11) MICHAEL GRAVERSON BOARD MEMBER        |  | Х           |  |                      |                                  |  |          | NONI                             | NONE  | NONE                          |
| (12) GEORGE MOSHER                         |  |             |  |                      |                                  |  |          |                                  |   |                               |
| BOARD MEMBER                               |  | Х           |  |                      |                                  |  |          | NONI                             | NONE  | NONE                          |
| (13) GEORGE LIBERATORE                     |  | v           |  |                      |                                  |  |          | Non                              | NONE  | None                          |

NONE

NONE

3E1041 1 000

BOARD MEMBER

(14) KATE RAAB BOARD MEMBER NONE

NONE

NONE

NONE

| Part VII <sup>T</sup> Section A. Officers, Directors, Tru                                      | 1  | y En                                | plo   |           |          | and h               | ligi          | nest Compensat                                 | ed Employ                           | ees (c   | ontinued                            | 1)   |
|--|--|-------------------------------------|---|-----------|----------|---------------------|---------------|--|-------------------------------------|----------|-------------------------------------|--|
| (A)<br>Name and title  | (B) Average hours per week (list any                           | box,                                | (C) Position (do not check more than c box, unless person is both |           |          |                     | an            | (D) Reportable compensation                    | (E)<br>Reportal<br>compensatio      | ible     | Esti                                | F)<br>mated  |
|  | hours for<br>related<br>organizations<br>below dotted<br>line) | fill Individual trustee or director | Institutional trustee   | a Officer |          | Highest compensated | ee)<br>Former | from<br>the<br>organization<br>(W-2/1099-MISC) | related<br>organizati<br>(W-2/1099- | d<br>ons | of<br>compe<br>froi<br>organ<br>and | ther<br>ensation<br>in the<br>nization<br>related<br>nizations |
| (15) TODD BENTLEY  |  |                                     |   |           |          |                     |               |  |                                     |          |                                     |  |
| BOARD MEMBER (16) LARRY BONNEY   |  | X                                   |   |           | -        | -                   | -             | NONE   | <u> </u>                            | NONE     |                                     | NON  |
| BOARD MEMBER   |  | X                                   |   |           |          |                     |               | NONE   | [<br><b>2</b>                       | NONE     |                                     | NON  |
| (17) JILL PELISEK  |  |                                     |   |           |          |                     |               |  |                                     |          |                                     | 2,011  |
| BOARD MEMBER   |  | X                                   |   | _         | <u> </u> |                     |               | NONE   |                                     | NONE     |                                     | NON  |
| (18) KURT MUELLER BOARD MEMBER   |  | X                                   |   |           |          |                     |               | NONE   |                                     | NONE     |                                     | NON  |
| (19) JEFF NELSON   |  |                                     |   |           |          |                     |               | IVOIVI   |                                     | MOTATE   |                                     | 14014  |
| BOARD MEMBER   |  | Х                                   |   |           |          |                     |               | NONE   |                                     | NONE     |                                     | NON  |
| (20) JIM MILNER  | ļ  |                                     |   |           |          |                     |               |  |                                     |          |                                     |  |
| BOARD MEMBER (21) BY FOSTER  |  | X                                   |   |           | <u> </u> | -                   |               | NONE   |                                     | NONE     |                                     | NON  |
| BOARD MEMBER   |  | X                                   |   |           |          |                     |               | NONE   |                                     | NONE     |                                     | NON  |
| (22) KENT L LOVERN   |  |                                     |   |           |          |                     |               | 1,011  |                                     | 110111   |                                     | 11011  |
| BOARD MEMBER   |  | X                                   |   |           |          |                     |               | NONE   |                                     | NONE     |                                     | NON  |
| (23) U.S. BANK N.A   | 40.00  | 1                                   |   |           |          |                     | ļ             |  |                                     |          |                                     |  |
| CO-TRUSTEE (24)  | <u> </u>   | <b>-</b>                            | X   |           |          |                     | -             | NONE   | <u>{</u>                            | NONE     |                                     | NON  |
| 12-7   |  | 1                                   |   |           |          |                     |               |  |                                     |          |                                     |  |
| (25)   |  |                                     |   |           |          |                     |               |  |                                     |          |                                     |  |
| 1b Sub-total   | Section A .  |                                     | · ·   | · ·       | : :      | · · ·               | <b>&gt;</b>   | NONE   | T                                   | NONE     | 3                                   | NON  |
| 2 Total number of individuals (including but no reportable compensation from the organization) |  | tnose                               | : 11 <b>st</b><br>0   | ea a      | apo      | ve) wr              | no r          | eceived more than                              | \$100,000                           | 01       |                                     |  |
|  |  |                                     |   |           |          |                     |               |  |                                     |          |                                     | Yes No   |
| 3 Did the organization list any former off   | icer, direct   | or, c                               | r tr  | ust       | ee,      | key                 | em            | ployee, or highe                               | st compens                          | ated     |                                     |  |
| employee on line 1a? If "Yes," complete Schel  |  |                                     |   |           |          |                     |               |  |                                     |          | 3                                   | X  |
| 4 For any individual listed on line 1a, is the organization and related organizations g        | sum of re  | porta                               | ble<br>50 (   | COL       | npe<br>? | nsatio<br>If Va     | n a           | and other compen                               | isation from                        | the      |                                     | #  |
| individua[   |  |                                     |   |           |          |                     |               |  |                                     |          | 4                                   | X  |
| 5 Did any person listed on line 1a receive o   | r accrue co  | ompe                                | nsat  | ion       | fro      | m an                | y ui          | nrelated organizat                             | ion or indiv                        | ıdual    |                                     |  |
| for services rendered to the organization? If  | Yes, compl   | ete So                              | ched  | ule       | J fc     | r sucl              | h pe          | erson  | <u></u>                             | • •      | 5                                   | X  |
| Section B. Independent Contractors  1 Complete this table for your five highest cor            | mponeated  | ınder                               | and   | ont       |          | otract              |               | that received mor                              | o than \$100                        | 2,000    | of                                  |  |
| compensation from the organization Report<br>year  |  |                                     |   |           |          |                     |               |  |                                     |          |                                     |  |
| (A)<br>Name and business add   | dress  |                                     |   |           |          |                     |               | (B)<br>Description of se                       | rvices                              | C        | (C)<br>Compensa                     | tion   |
|  |  |                                     |   |           |          |                     | 1             |  |                                     |          |                                     |  |
|  |  |                                     |   |           |          |                     | 4             |  |                                     |          |                                     |  |
|  |  |                                     |   |           |          |                     | +             |  |                                     |          |                                     |  |
|  |  |                                     |   |           |          |                     | +-            |  |                                     |          |                                     |  |
| 2 Total number of independent contractor   | s (ıncludır  | ng bi                               | ut 1  | not       | lin      | nited               | to            | those listed ah                                | ove) who                            |          |                                     |  |
| received more than \$100,000 of compensati   |  |                                     |   |           |          |                     |               |  |                                     | *        | 1                                   | 700  |

|                                       |  | (A)<br>Total revenue                    | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from ta: under sections 512-514 |
|---------------------------------------|--|---|--|---|--|
| 율 1:                                  | Federated campaigns 1a   | 1                                       |  |   |  |
| and Other Similar Amounts             | Membership dues 1b   |   |  |   | Ţ  |
| [ ]                                   | Fundraising events 1c 33,439                                     | <u> </u>                                |  |   |  |
| 를                                     | Related organizations 1d   | <u> </u>                                |  |   |  |
|                                       | Government grants (contributions) 1e                             | _                                       |  |   |  |
| ֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ | All other contributions, gifts, grants,                          |   |  |   |  |
| 호                                     | and similar amounts not included above . 1f 336,843              |   |  |   |  |
| a                                     | Noncash contributions included in lines 1a-1f \$                 | 7                                       |  |   |  |
|                                       | Business Code  | 570,202.                                |  | · · · · · · · · · · · · · · · · · · ·   | - 1*   |
| 22                                    |  |   |  |   |  |
| ֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ |  | <u> </u>                                |  | ·                                       |  |
| ֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ |  |   |  |   |  |
| ا وَ                                  |  | ·                                       |  |   |  |
| [                                     |  |   |  |   |  |
| 60                                    | All other program service revenue                                |   |  |   |  |
|                                       | Total Add lines 2a-2f  |   |  |   |  |
| 3                                     | Investment income (including dividends, interest, and            |   |  |   |  |
|                                       | other similar amounts)   | 1                                       |  |   | 70,1   |
| 4                                     | Income from investment of tax-exempt bond proceeds               |   |  | ······································  |  |
| 5                                     | Royalties · · · · · · · · · · · · · · · · · · ·                  |   |  |   |  |
|                                       |  | 1                                       | ativ Z   |   |  |
| 6                                     |  | · · · · · · · · · · · · · · · · · · ·   |  |   | * ***  |
| - 1                                   | Less rental expenses · · ·                                       | -                                       | ,  |   | -  |
| - 1                                   | Rental income or (loss)  | - 4-                                    |  |   |  |
|                                       | (i) Securities (ii) Other  | , | , ,  | *                                       | 1  |
| _   Z                                 | Gross amount from sales of assets other than inventory 1,164,948 |   |  |   |  |
|                                       | Less cost or other basis   | **                                      |  | · - \$555 1                             | `; <i>^#</i>   |
|                                       | and sales expenses 950, 247                                      |   |  |   |  |
|                                       | Gain or (loss)   | <u> </u>                                |  |   |  |
|                                       | d Net gain or (loss) · · · · · · · · · · · · · · ·               | 214,701.                                | 214,701.   |   |  |
| 8   ي                                 |  |   |  | j                                       |  |
| 5                                     | events (not including \$   | \$ 12 ×                                 |  |   | e up   |
| <u> </u>                              | of contributions reported on line 1c)                            |   |  |   |  |
| 8:                                    | See Part IV, line 18 · · · · · · · a                             | * **                                    |  | *                                       |  |
| '                                     | Less direct expenses   |   | /  |   |  |
|                                       | Gross income from gaming activities                              | , , , , , , , , , , , , , , , , , , ,   |  |   |  |
|                                       | See Part IV, line 19   | - "                                     | ,  | . "                                     |  |
|                                       | Less direct expenses   |   |  | ·                                       |  |
| 10                                    |  |   | R  | 3.53                                    | -  |
|                                       | Less cost of goods sold b  |   | , , , , , , , , , , , , , , , , , , ,              |   |  |
|                                       | Net income or (loss) from sales of inventory                     | <u> </u>                                |  |   |  |
|                                       | Miscellaneous Revenue Business Code                              |   |  |   |  |
| 11:                                   |  | 3,360.                                  | 3,360.   |   |  |
|                                       | Additional item 900099   | 505.                                    | 505.   |   |  |
|                                       | :  |   |  |   |  |
|                                       | All other revenue  | <del> </del>                            |  | <del></del>                             |  |
|                                       | e Total. Add lines 11a-11d · · · · · · · · · · · · ▶             | 3,865.                                  | 0.0.0  |   | <del></del>  |
|                                       | Total revenue See instructions                                   |   | 218 566  |   | 1 70 1   |

| Section 501(c)(3) and 501(c)(4) organizations must   |                       |                              |   |                                       |
|--|-----------------------|------------------------------|---|---------------------------------------|
| Check if Schedule O contains a respon  |                       | - <del>-</del>               |   |                                       |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B) Program service expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses        |
| 1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21.  | 190,759.              | 190,759.                     |   |                                       |
| 2 Grants and other assistance to individuals in  |                       | 2307.23.                     |   |                                       |
| the United States See Part IV, line 22   | 24,696.               | 24,696.                      |   |                                       |
| 3 Grants and other assistance to governments,  |                       |                              |   |                                       |
| organizations, and individuals outside the   |                       |                              |   |                                       |
| United States See Part IV, lines 15 and 16   |                       |                              |   |                                       |
| 4 Benefits paid to or for members  |                       |                              |   |                                       |
| 5 Compensation of current officers, directors,   | 00.000                |                              | 00.000                                    |                                       |
| trustees, and key employees  | 22,968.               |                              | 22,968.                                   |                                       |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                            |                       |                              |   |                                       |
| 7 Other salaries and wages   |                       |                              |   |                                       |
| 8 Pension plan accruals and contributions (include section   |                       |                              |   |                                       |
| 401(k) and 403(b) employer contributions)  |                       |                              |   |                                       |
| 9 Other employee benefits  |                       |                              |   |                                       |
| 10 Payroll taxes · · · · · · · · · · · · · · · · ·   |                       |                              |   |                                       |
| 11 Fees for services (non-employees)   |                       |                              |   |                                       |
| a Management   |                       |                              |   |                                       |
| b Legal  |                       |                              |   |                                       |
| c Accounting   |                       |                              |   |                                       |
| d Lobbying   |                       |                              |   |                                       |
| e Professional fundraising services. See Part IV, line 17.   | 7,000.                |                              |   | 7,000                                 |
| f Investment management fees   |                       |                              |   |                                       |
| g Other (If line 11g amount exceeds 10% of line 25, column   |                       |                              |   |                                       |
| (A) amount, list line 11g expenses on Schedule O)  |                       |                              |   |                                       |
| 12 Advertising and promotion   |                       |                              |   |                                       |
| 13 Office expenses   |                       |                              |   |                                       |
| 14 Information technology  |                       |                              |   |                                       |
| 15 Royalties   |                       |                              |   |                                       |
| 16 Occupancy   |                       |                              |   |                                       |
| 17 Travel  |                       |                              |   |                                       |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                              |   |                                       |
| 19 Conferences, conventions, and meetings  |                       |                              |   |                                       |
| 20 Interest  |                       |                              |   |                                       |
| 21 Payments to affiliates  |                       |                              |   |                                       |
| 22 Depreciation, depletion, and amortization   |                       |                              |   |                                       |
| 23 Insurance   |                       |                              |   |                                       |
| 24 Other expenses Itemize expenses not covered   |                       |                              |   |                                       |
| above (List miscellaneous expenses in line 24e If  |                       |                              |   |                                       |
| line 24e amount exceeds 10% of line 25, column   |                       |                              |   |                                       |
| (A) amount, list line 24e expenses on Schedule O)  |                       |                              |   |                                       |
| a  |                       |                              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,    | · · · · · · · · · · · · · · · · · · · |
| b  |                       |                              |   |                                       |
| c  | _                     |                              |   | · · · · · · · · · · · · · · · · · · · |
| d  |                       |                              |   |                                       |
| e All other expenses   | 40,267.               |                              | 40,267.                                   |                                       |
| 25 Total functional expenses Add lines 1 through 24e   | 285,690.              | 215,455.                     | 63,235.                                   | 7,000                                 |
| 26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here | 203,050.              | 213,433.                     | 03,233.                                   | 7,000                                 |
| following SOP 98-2 (ASC 958-720)   |                       |                              |   |                                       |
| JSA<br>3E1052 1 000  |                       |                              |   | Form <b>990</b> (2013)                |

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . (A) (B) Beginning of year End of year Cash - non-interest-bearing 1,068 42. 1 Savings and temporary cash investments ...... 2 2 169,900. 274,781. Pledges and grants receivable, net .......... 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . . . . . . . . 6 7 Inventories for sale or use 8 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less. accumulated depreciation . . . . . . . . . 10b 10c 2,589,708. 11 2,859,178. 12 12 13 13 14 14 15 15 <del>2,76</del>0,676. 3,134,001 16 16 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . . . . Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities Add lines 17 through 25 . . . . . . . . . NONE 26 26 NONE Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. **Fund Balances** Unrestricted net assets 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34 ō Capital stock or trust principal, or current funds 3,134,001. 30 Assets 2,760,676. 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Net 33 2,760,676. 33 3,134,001. 2,760,676. 34 3,134,001.

Form **990** (2013)

| Form 99 | 0 (2013)  |                              |                  | Pa      | ge 12          |
|---------|---|------------------------------|------------------|---------|----------------|
| Part    |   |                              |                  |         | <u> 5* · =</u> |
|         | Check if Schedule O contains a response or note to any line in this Part XI   |                              |                  |         | X              |
| 1       | Total revenue (must equal Part VIII, column (A), line 12)   | 1                            |                  | 559,(   | 015.           |
| 2       | Total expenses (must equal Part IX, column (A), line 25)  | 2                            | - 2              | 285,6   | 590.           |
| 3       | Revenue less expenses Subtract line 2 from line 1   | 3                            |                  | 373,3   |                |
| 4       | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   | 4                            |                  | 760,6   |                |
| 5       | Net unrealized gains (losses) on investments  | 5                            |                  |         |                |
| 6       | Donated services and use of facilities  | 6                            |                  |         |                |
| 7       | Investment expenses   | 7                            |                  |         |                |
| 8       | Prior period adjustments  | 8                            |                  |         |                |
| 9       | Other changes in net assets or fund balances (explain in Schedule O)  | 9                            |                  |         |                |
| 10      | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line  |                              |                  |         |                |
| _       | 33, column (B))   | 10                           | 3,1              | 134,0   | 001.           |
| Part    | Financial Statements and Reporting Check of Schedule O contains a response or note to any line in this Part XII   |                              |                  | <u></u> |                |
|         | Accounting method used to prepare the Form 990. X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," of Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were concreviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant? | <br>npiled o                 | . <u>2a</u><br>r |         | X              |
|         | If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent accoulf the organization changed either its oversight process or selection process during the tax year, a Schedule O   | ited on a<br>sight<br>ntant? | 2c               | -       | -              |
| 3a      | As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?   | t forth II                   | n 3a             |         | X              |

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3b

## SCHEDULE A (Form 990 or 990-EZ)

# Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

4947(a)(1) nonexempt charitable trust.

Onen to Public Inspection

► Attach to Form 990 or Form 990-EZ. ►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 Name of the organization Employer identification number ROTARY CLUB OF MILWAUKEE COMMUNITY TR 93-0756960 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b X Type II c Type III-Functionally integrated d Type III-Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the supported organization? 11a(i) (ii) A family member of a person described in (i) above? 11g(ii) Χ (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (IV) is the organization in col (i) listed in (III) Type of organization (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9 the organization organization in support above or IRC section in col (i) of your col (i) organized (see instructions)) ın the ÜS? support? document? Yes Yes Yes Nο (A) SEE PART IV (B) (C) (D) (E)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2013

| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)                    |
|---------|---|
|         | (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under |
|         | Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)           |

| Sect  | ion A. Public Support   | 13 to quality at                      | ider the tests   | noted below, p   | oledae comple                         | to rait iii.,                            | N/A                                   |
|-------|---|---------------------------------------|------------------|------------------|---------------------------------------|--|---------------------------------------|
|       | idar year (or fiscal year beginning in)   | (a) 2009                              | (b) 2010         | (c) 2011         | (d) 2012                              | (e) 2013                                 | (f) Total                             |
| 1     | Gifts, grants, contributions, and   | (4) 2000                              | (B) 2010         | (0) 2011         | (4) 2012                              | (6) 2010                                 | (i) Total                             |
|       | membership fees received (Do not include any "unusual grants")  |                                       |                  |                  |                                       |  |                                       |
| 2     | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                 |                                       |                  |                  |                                       |  |                                       |
| 3     | The value of services or facilities furnished by a governmental unit to the organization without charge                         |                                       |                  |                  |                                       |  | <u></u>                               |
| 4     | Total. Add lines 1 through 3 · · · · · ·  | 3                                     |                  |                  |                                       | 1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 |                                       |
| 5     | The portion of total contributions by each person (other than a governmental unit or publicly                                   | 3' >36 (Cy                            | **               |                  | 4                                     |  |                                       |
|       | supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)                           | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |                  | ;                | ·                                     |  |                                       |
| 6     | Public support. Subtract line 5 from line 4   |                                       | *                | . \$             | , , , , , , , , , , , , , , , , , , , | 7  |                                       |
| Sec   | tion B. Total Support   |                                       |                  |                  |                                       |  |                                       |
| Caler | dar year (or fiscal year beginning in)  | (a) 2009                              | (b) 2010         | (c) 2011         | (d) 2012                              | (e) 2013                                 | (f) Total                             |
| 7     | Amounts from line 4   |                                       |                  |                  |                                       |  |                                       |
| 8     | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. |                                       |                  |                  |                                       |  |                                       |
|       |   |                                       |                  | 1                |                                       |  |                                       |
| 9     | Net income from unrelated business activities, whether or not the business is regularly carried on                              |                                       |                  |                  |                                       |  |                                       |
| 10    | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)                                   |                                       |                  |                  |                                       |  |                                       |
| 11    | Total support Add lines 7 through 10  | ļ                                     | <u> </u>         |                  |                                       |  |                                       |
| 12    | Gross receipts from related activities, etc. (s   | see instructions) .                   |                  |                  |                                       | 12                                       |                                       |
| 13    | First five years. If the Form 990 is forganization, check this box and stop here  | <u> </u>                              | <u> </u>         |                  |                                       |  |                                       |
| Sec   | tion C. Computation of Public Sup   | port Percenta                         | ge               |                  |                                       | T  |                                       |
| 14    | Public support percentage for 2013 (li  |                                       |                  |                  |                                       |  | %_                                    |
| 15    | Public support percentage from 2012   |                                       |                  |                  |                                       |  |                                       |
| 16a   | 331/3% support test - 2013. If the c  |                                       |                  |                  |                                       |  | e, check                              |
|       | this box and stop here. The organizati  |                                       |                  |                  |                                       |  | ▶ 🗀                                   |
| b     | 331/3% support test - 2012. If the  |                                       |                  |                  |                                       |  |                                       |
| 170   | check this box and stop here. The org<br>10%-facts-and-circumstances test -   |                                       |                  | _                |                                       |  | · · · · · · · · · · · · · · · · · · · |
| 1/4   | 10% or more, and if the organization  |                                       |                  |                  |                                       |  |                                       |
|       | Part IV how the organization meets  |                                       |                  |                  |                                       |  |                                       |
|       | organization  |                                       |                  |                  |                                       |  | <b>▶</b>                              |
| b     | 10%-facts-and-circumstances test -  |                                       |                  |                  |                                       |  | and line                              |
|       | 15 is 10% or more, and if the org<br>Explain in Part IV how the organizati  | anization meets                       | the "facts-and   | l-cırcumstances' | " test, check t                       | his box and sto                          | p here                                |
|       | supported organization  |                                       |                  |                  | •                                     | •  | , , , , , , , , , , , , , , , ,       |
| 18    | Private foundation. If the organization instructions  | did not check a                       | a box on line 13 | , 16a, 16b, 17a  | , or 17b, check                       | this box and see                         |                                       |
|       |   |                                       | <u> </u>         | <del></del>      |                                       | Schadula A /Form 99                      |                                       |

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

|                 | •                  |                     |                   |                 |                   |                  |
|-----------------|--------------------|---------------------|-------------------|-----------------|-------------------|------------------|
| (Complete only  | y if you checked   | the box on line 9   | of Part I or if t | he organization | failed to qualify | / under Part II. |
| If the organiza | tion fails to qual | ify under the tests | s listed below, a | please complete | Part II.)         |                  |

| Soot  | ion A. Public Support   |                       |                    | , , , , , , , , , , , , , , , , , , , |                    | ···,             | N/A           |  |
|-------|---|-----------------------|--------------------|---------------------------------------|--------------------|------------------|---------------|--|
|       |   | (a) 2009              | (b) 2010           | (c) 2011                              | (d) 2012           | (e) 2013         | (f) Total     |  |
|       | dar year (or fiscal year beginning in)  | (a) 2003              | (B) 2010           | (0) 2011                              | (0/2012            | (e) 2013         | (i) Total     |  |
| 1     | Gifts, grants, contributions, and membership fees   |                       |                    |                                       |                    |                  |               |  |
| _     | received (Do not include any "unusual grants")  |                       |                    |                                       |                    |                  |               |  |
| 2     | Gross receipts from admissions, merchandise   |                       |                    |                                       |                    |                  |               |  |
|       | sold or services performed, or facilities   |                       |                    |                                       |                    |                  |               |  |
|       | furnished in any activity that is related to the  |                       |                    |                                       |                    |                  |               |  |
|       | organization's tax-exempt purpose   |                       |                    |                                       |                    |                  |               |  |
| 3     | Gross receipts from activities that are not an  |                       |                    |                                       |                    |                  |               |  |
|       | unrelated trade or business under section 513   |                       |                    |                                       |                    |                  |               |  |
| 4     | Tax revenues levied for the   |                       |                    |                                       |                    | 1                |               |  |
|       | organization's benefit and either paid  |                       |                    |                                       |                    | 1                |               |  |
|       | to or expended on its behalf  |                       |                    |                                       |                    |                  |               |  |
| 5     | The value of services or facilities   |                       |                    |                                       |                    |                  |               |  |
|       | furnished by a governmental unit to the   |                       |                    |                                       |                    |                  |               |  |
|       | organization without charge   |                       |                    |                                       |                    |                  |               |  |
| 6     | Total. Add lines 1 through 5  |                       |                    |                                       |                    |                  |               |  |
|       | ſ   |                       |                    |                                       | <del> </del>       |                  |               |  |
| / a   | Amounts included on lines 1, 2, and 3   |                       |                    |                                       |                    |                  |               |  |
| ь     | received from disqualified persons Amounts included on lines 2 and 3  |                       |                    |                                       |                    |                  |               |  |
| _     | received from other than disqualified   |                       |                    |                                       |                    |                  |               |  |
|       | persons that exceed the greater of \$5,000  |                       |                    | •                                     |                    |                  |               |  |
|       | or 1% of the amount on line 13 for the year   |                       | ļ <del></del> .    | ļ                                     |                    | <del> </del>     |               |  |
| C     | Add lines 7a and 7b   |                       |                    |                                       |                    |                  |               |  |
| 8     | Public support (Subtract line 7c from   |                       |                    |                                       |                    |                  |               |  |
|       | line 6)   |                       |                    |                                       | l                  | <u> </u>         | <u> </u>      |  |
|       | ion B. Total Support  |                       | ı                  | т                                     | <del>,</del>       |                  | r <del></del> |  |
| Calen | dar year (or fiscal year beginning in) 🕨  | (a) 2009              | (b) 2010           | (c) 2011                              | (d) 2012           | (e) 2013         | (f) Total     |  |
| 9     | Amounts from line 6   |                       |                    |                                       |                    |                  |               |  |
| 10 a  | Gross income from interest, dividends,  |                       |                    | ĺ                                     |                    |                  |               |  |
|       | payments received on securities loans, rents, royalties and income from similar   |                       |                    |                                       |                    |                  |               |  |
|       | sources   |                       |                    |                                       |                    |                  |               |  |
| ь     | Unrelated business taxable income (less   |                       |                    |                                       |                    |                  |               |  |
|       | section 511 taxes) from businesses  |                       |                    |                                       |                    |                  |               |  |
|       | acquired after June 30, 1975  |                       |                    |                                       |                    |                  |               |  |
| c     | Add lines 10a and 10b   |                       |                    |                                       |                    |                  |               |  |
| 11    | Net income from unrelated business  |                       |                    |                                       |                    |                  |               |  |
| • •   | activities not included in line 10b,  |                       |                    |                                       |                    |                  |               |  |
|       | whether or not the business is regularly  |                       |                    |                                       |                    |                  |               |  |
|       | carried on · · · · · · · · · · · · · · · ·  |                       |                    | <del> </del>                          |                    |                  |               |  |
| 12    | Other income Do not include gain or   |                       |                    |                                       |                    |                  |               |  |
|       | loss from the sale of capital assets  |                       |                    |                                       |                    |                  |               |  |
|       | (Explain in Part IV)  | <u> </u>              |                    |                                       |                    |                  |               |  |
| 13    | Total support (Add lines 9, 10c, 11,  |                       |                    |                                       |                    |                  |               |  |
|       | and 12)   | <u> </u>              | <u> </u>           |                                       | 1                  | 1                |               |  |
| 14    | First five years. If the Form 990 is for  | the organizatio       | n's first, second, | third, fourth, or                     | r fifth tax year a | as a section 501 | (c)(3)        |  |
|       | organization, check this box and stop here  |                       | · · · · · · · · ·  |                                       | <i></i>            |                  | ▶             |  |
| Sect  | ion C. Computation of Public Sup  |                       |                    |                                       |                    | 1                |               |  |
| 15    | Public support percentage for 2013 (line 8,   | column (f) divide     | d by line 13, colu | mn (f))                               |                    | 15               | %             |  |
| 16    | Public support percentage from 2012 Sched   | dule A, Part III, lir | ne 15              |                                       |                    | 16               | %             |  |
| Sect  | ion D. Computation of Investmen   | t Income Per          | centage            |                                       |                    |                  |               |  |
| 17    | Investment income percentage for 2013 (lin  | ne 10c, column (      | f) divided by line | 13, column (f))                       |                    | 17               | %             |  |
| 18    | Investment income percentage from 2012  | Schedule A, Part      | III, line 17       |                                       |                    | 18               | %             |  |
|       | 331/3% support tests - 2013 If the or   |                       |                    |                                       |                    | ·                |               |  |
|       | 17 is not more than 331/3%, check th  | _                     |                    |                                       |                    |                  | . —           |  |
| ь     | 331/3% support tests - 2012. If the orga  |                       | -                  | •                                     |                    |                  |               |  |
|       | line 18 is not more than 331/3%, check  |                       |                    |                                       |                    |                  |               |  |
| 20    | ·   |                       | •                  | •                                     |                    | • • • •          |               |  |
|       | Private foundation If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions |                       |                    |                                       |                    |                  |               |  |

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information. (See instructions).

| SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS  |        |
|---|--------|
| NAME OF SUPPORTED ORGANIZATION: Local Initiatives Support EIN: 00-2200050 TYPE OF ORGANIZATION FROM PART I: Sch A Line 7 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: NO DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT:   | 325.   |
| NAME OF SUPPORTED ORGANIZATION:  Marquette University EIN: 39-0806251 TYPE OF ORGANIZATION FROM PART I: Sch A Line 2 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: NO DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT:       | 3,000. |
| NAME OF SUPPORTED ORGANIZATION:  UW Oshkosh  EIN: 39-0000075  TYPE OF ORGANIZATION FROM PART I: Sch A Line 2  IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: NO  DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES  IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES  AMOUNT OF SUPPORT:           | 1,500. |
| NAME OF SUPPORTED ORGANIZATION:  UW Whitewater  EIN: 39-0000095  TYPE OF ORGANIZATION FROM PART I: Sch A Line 2  IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: NO  DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES  IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES  AMOUNT OF SUPPORT:        | 4,500. |
| NAME OF SUPPORTED ORGANIZATION:  Milw Armed Services Commi EIN: 31-1580974  TYPE OF ORGANIZATION FROM PART I: Sch A Line 7 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: NO DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT: | 1,000. |

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

| SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS  |         |
|---|---------|
| NAME OF SUPPORTED ORGANIZATION: Milwaukee Public Schools EIN: XX-1300018 TYPE OF ORGANIZATION FROM PART I: Sch A Line 7 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: NO DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT:  | 16,960. |
| NAME OF SUPPORTED ORGANIZATION:    Urban Ecology Center EIN: 39-1712663 TYPE OF ORGANIZATION FROM PART I: Sch A Line 7 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: NO DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT:   | 7,850.  |
| NAME OF SUPPORTED ORGANIZATION:  UW Platteville  EIN: XX-2500059  TYPE OF ORGANIZATION FROM PART I: Sch A Line 2  IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: NO  DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES  IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES  AMOUNT OF SUPPORT:     | 2,500.  |
| NAME OF SUPPORTED ORGANIZATION: River Revitalization Foun EIN: 39-1887400 TYPE OF ORGANIZATION FROM PART I: Sch A Line 7 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: NO DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT: | 5,000.  |
| NAME OF SUPPORTED ORGANIZATION: Rotary Club of Milwaukee EIN: 39-0579290 TYPE OF ORGANIZATION FROM PART I: Sch A Line 7 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT: | 56,775. |

Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

| SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS  | •      |
|---|--------|
| NAME OF SUPPORTED ORGANIZATION:  Mount Mary College EIN: 39-0806154 TYPE OF ORGANIZATION FROM PART I: Sch A Line 2 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: NO DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT:   | 3,000. |
| NAME OF SUPPORTED ORGANIZATION: Safe & Sound EIN: 39-1940292 TYPE OF ORGANIZATION FROM PART I: Sch A Line 7 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: NO DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT:          | 1,500. |
| NAME OF SUPPORTED ORGANIZATION: Alverno College EIN: 39-0806263 TYPE OF ORGANIZATION FROM PART I: Sch A Line 2 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: NO DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT:       | 3,000. |
| NAME OF SUPPORTED ORGANIZATION: Carroll University EIN: 39-0806325 TYPE OF ORGANIZATION FROM PART I: Sch A Line 2 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: NO DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT:    | 1,500. |
| NAME OF SUPPORTED ORGANIZATION: World Affairs Seminar EIN: 39-1247797 TYPE OF ORGANIZATION FROM PART I: Sch A Line 7 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: NO DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT: | 6,000. |

Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions).

| SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS  | G (C   |
|---|--------|
| NAME OF SUPPORTED ORGANIZATION: World Wide Hunger Relief EIN: 27-2199036 TYPE OF ORGANIZATION FROM PART I: Sch A Line 7 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: NO DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT:  | 1,000. |
| NAME OF SUPPORTED ORGANIZATION:    UW-Madison EIN: 39-6006492 TYPE OF ORGANIZATION FROM PART I: Sch A Line 2 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: NO DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT:             | 6,500. |
| NAME OF SUPPORTED ORGANIZATION: Discovery World Pier WI EIN: 39-1691578 TYPE OF ORGANIZATION FROM PART I: Sch A Line 7 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: NO DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT:   | 1,500. |
| NAME OF SUPPORTED ORGANIZATION: American Legion Auxiliary EIN: 35-0144340 TYPE OF ORGANIZATION FROM PART I: Sch A Line 7 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: NO DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT: | 200.   |
| NAME OF SUPPORTED ORGANIZATION: The Water Council EIN: 26-4222978 TYPE OF ORGANIZATION FROM PART I: Sch A Line 7 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: NO DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT:         | 500.   |
|   |        |

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

| SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZA   | ATIONS (C |
|---|-----------|
| NAME OF SUPPORTED ORGANIZATION: Center Resilient Cities EIN: 39-1854762 TYPE OF ORGANIZATION FROM PART I: Sch A Line 7 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: NO DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT: | 43,345.   |
| NAME OF SUPPORTED ORGANIZATION: Danceworks EIN: 39-1734312 TYPE OF ORGANIZATION FROM PART I: Sch A Line 7 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: NO DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT:              | 3,000.    |
| NAME OF SUPPORTED ORGANIZATION: Feeding America EIN: XX-1900025 TYPE OF ORGANIZATION FROM PART I: Sch A Line 7 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: NO DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT:         | 2,500.    |
| NAME OF SUPPORTED ORGANIZATION: Scholastic Inc. EIN: 13-3385513 TYPE OF ORGANIZATION FROM PART I: Sch A Line 7 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: NO DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT:         | 14,729.   |
| NAME OF SUPPORTED ORGANIZATION: DryHootch of America EIN: 26-2778659 TYPE OF ORGANIZATION FROM PART I: Sch A Line 7 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: NO DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT:    | 1,000.    |
| TOTAL SUPPORT:  | 188,684.  |
|   |           |

# SCHEDULE G (Form 990 or 990-EZ)

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.

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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             | 1  |                     |             |  |                                       | Employeridentification  | on number   |
|--------------------------------------|--|---------------------|-------------|--|---------------------------------------|---|---|
|                                      | OF MILWAUKEE CO  |                     |             |  |                                       | 93-075696   |   |
|                                      | raising Activities. Com  |                     |             |  | "Yes" to Form 9                       | 90, Part IV, line   | 17.   |
|                                      | 990-EZ filers are not r  |                     |             |  |                                       | ll at a second  |   |
| l i                                  | ther the organization rais   |                     |             |  |                                       |   |   |
|                                      | citations  | 6                   |             |  | non-government g                      |   |   |
|                                      | and email solicitations  | f                   | 1 1         |  | government grant                      | S   |   |
| ·                                    | olicitations   | g                   | Spe         | cial fundrai                               | sing events                           |   |   |
|                                      | n solicitations  |                     |             |  |                                       |   |   |
| 2a Did the organ                     | nization have a written oi   | r oral agreement v  | vith any in | dıvıdual (ın                               | cluding officers, d                   | rectors, trustees   | <b>–</b> –  |
| b If "Yes," list t                   | yees listed in Form 990,<br>the ten highest paid indi<br>I at least \$5,000 by the | viduals or entities |             |  |                                       |   | Yes No fundraiser is to be                              |
| •                                    | ,  | J                   |             |  |                                       |   |   |
|                                      | address of individual<br>ty (fundraiser)   | (ii) Activity       | custody     | ndraiser have<br>or control of<br>butions? | (iv) Gross receipts<br>from activity  | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col (i) | (vi) Amount paid to<br>(or retained by)<br>organization |
|                                      |  |                     | Yes         | No   |                                       |   |   |
| 1                                    |  |                     |             |  |                                       |   |   |
| 2                                    |  |                     |             |  |                                       |   |   |
| 3                                    |  |                     |             |  |                                       |   |   |
| 4                                    |  |                     |             |  |                                       |   |   |
| 5                                    |  |                     |             |  |                                       |   |   |
| 6                                    |  |                     |             |  |                                       |   |   |
| 7                                    |  |                     |             |  |                                       |   |   |
|                                      |  |                     |             |  |                                       |   |   |
| •                                    |  |                     |             |  |                                       |   |   |
| 9                                    |  |                     |             |  |                                       |   |   |
| 10                                   |  |                     |             |  |                                       |   |   |
| T-4-1                                |  | <u>.</u>            | !           |  |                                       |   |   |
| Total                                |  | <u> </u>            |             | <u></u> ▶                                  |                                       |   | L   |
| 3 List all states<br>registration of | s in which the organizator licensing.  | tion is registered  | or license  | d to solicit                               | contributions or                      | has been notified   | it is exempt from                                       |
|                                      |  |                     |             |  |                                       |   |   |
|                                      |  |                     |             |  | <del>.</del>                          |   |   |
| <del></del>                          |  | <del></del>         |             |  | <del></del>                           | ·   |   |
|                                      |  |                     |             |  | · · · · · · · · · · · · · · · · · · · | •   |   |
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| _                                    | ., .   |                     |             |  | <del></del>                           | ·   |   |
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|                                      |  |                     |             |  |                                       |   |   |
|                                      |  |                     |             | _  |                                       |   |   |

| Pa              | rt II | Fundraising Events. Complete than \$15,000 of fundraising ever gross receipts greater than \$5,00 | nt contributions and gro |                        |                      |  |
|-----------------|-------|---|--------------------------|------------------------|----------------------|--|
|                 |       |   | (a) Event #1             | (b) Event #2           | (c) Other events     | (d) Total events<br>(add col (a) through |
|                 |       |   | (event type)             | (event type)           | (total number)       | col (c))                                 |
| Revenue         | 1     | Gross receipts  | 64,755.                  |                        |                      | 64,755                                   |
|                 | 2     | Less: Contributions   |                          |                        |                      | _  |
|                 | 3     | Gross income (line 1 minus  |                          |                        |                      |  |
|                 |       | line 2)   | 64,755.                  |                        |                      | 64,755                                   |
|                 | 4     | Cash prizes   |                          |                        |                      |  |
| Direct Expenses | 5     | Noncash prizes  |                          |                        |                      |  |
|                 | 6     | Rent/facility costs   | 10,815.                  |                        |                      | 10,815                                   |
|                 | 7     | Food and beverages  | 6,986.                   |                        |                      | 6,986                                    |
|                 | 8     | Entertainment   |                          |                        |                      |  |
|                 | 9     | Other direct expenses   | 13,515.                  |                        |                      | 13,515                                   |
|                 | 10    | Direct expense summary Add lines 4  | through 9 in column (d)  | )                      |                      | 31,316                                   |
| _               |       | Net income summary Subtract line 10   |                          |                        |                      | 33,439                                   |
| Pa              | rt li | Gaming. Complete if the orgal than \$15,000 on Form 990-E.  |                          | es" to Form 990, Part  | IV, line 19, or repo | orted more                               |
|                 |       | 11an \$13,000 on 10mm 330-2   |                          | (b) Pull tabs/instant  |                      | (d) Total gaming (add                    |
| Revenue         |       |   | (a) Bingo                | bingo/progressivebingo | (c) Other gaming     | col (a) through col (c))                 |
| - Re            | 1     | Gross revenue   |                          |                        |                      |  |
| ses             | 2     | Cash prizes   |                          |                        |                      |  |
| Expenses        | 3     | Noncash prizes  |                          |                        |                      |  |
| Direct          | 4     | Rent/facility costs   |                          |                        |                      |  |
|                 | 5     | Other direct expenses   |                          |                        |                      |  |
|                 | 6     | Volunteer labor   | Yes% No                  | Yes%                   | Yes %                |  |
|                 | 7     | Direct expense summary Add lines 2  | through 5 in column (d)  | )                      | •                    |  |

| а | Enter the state(s) in which the organization operates gaming activities:  Is the organization licensed to operate gaming activities in each of these states?  If "No," explain | Yes | No |
|---|--|-----|----|
|   | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?   | Yes | No |

# **SCHEDULE I**

(Form 990)

Department of the Treasury Internal Revenue Service

ROTARY CLUB Name of the organization

Part II

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

| OMB No 1545-0047 | 2013 |
|------------------|------|
|------------------|------|

▶ Information about Schedule 1 (Form 990) and its instructions is at www.irs.gov/form990 ▶ Attach to Form 990.

Open to Public Employer identification number

93-0756960

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Š Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. X Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance

| 1 (a) Name and address of organization or government  | (b) EIN         | (c) IRC section<br>if applicable | (d) Amount of cash<br>grant | (e) Amount of non-<br>cash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant or assistance |
|---|-----------------|----------------------------------|-----------------------------|---------------------------------------|---|---|------------------------------------|
| (1) SEE STATEMENT 1   |                 |                                  |                             |                                       |   |   |                                    |
| [2]   |                 |                                  |                             |                                       |   |   |                                    |
| (3)   |                 |                                  |                             |                                       |   |   |                                    |
| [4]   |                 |                                  |                             |                                       |   |   |                                    |
| [2]   |                 |                                  |                             |                                       |   |   |                                    |
| (9)   |                 |                                  |                             |                                       |   |   |                                    |
| (7)   |                 |                                  |                             |                                       |   |   |                                    |
| [8]   |                 |                                  |                             |                                       |   |   |                                    |
| [6]   |                 |                                  |                             |                                       |   |   |                                    |
| [10]  |                 |                                  |                             |                                       |   |   |                                    |
| [11]  |                 |                                  |                             |                                       |   |   |                                    |
| [12]  |                 |                                  |                             |                                       |   |   |                                    |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table   | overnment org   | ganizations liste                | d in the line 1 tabl        | 0                                     |   |   |                                    |
| 3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. | d in the line 1 | table                            |                             |                                       |   | Schedu                                    | Schedule I (Form 990) (2013)       |
|   |                 |                                  |                             |                                       |   |   |                                    |

33

Schedule I (Form 990) (2013)

Page 2

Schedule I (Form 990) (2013) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (f) Description of non-cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant EXPLANATION FOR FORM 990, SCHEDULE I, PART 1, LINE 2 Records are kept at the Rotary Club of Milwaukee Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance 1 SEE STATEMENT 8 Ŋ 9 က

# **SCHEDULE 0** (Form 990 or 990-EZ)

# 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

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

| ROTARY CLUB OF MILWAUKEE COMMUNITY TR                             | 93-0756960  |
|---|-------------|
| Contributions   |             |
| Form 990 Part I Line 8 (current year)                             |             |
| Included in the amount of contributions is a one-time contri      | bution      |
| of \$100,000 from Thomas Smith which funded a new sub account     | ·           |
|   |             |
| EXPLANATION FOR FORM 990, PAGE 2, PART III, LINE 2                |             |
| EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 1a                |             |
| No material differences   |             |
|   |             |
| EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 8a                |             |
| minutes of the meetings   |             |
|   |             |
| EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 8b                |             |
| Minutes of the meetings.  | <del></del> |
| FORM 990, PAGE 6, PART VI, LINE 11-DESCRIPTION OF PROCESS FOR REV | 'IEW        |
| A copy of the Form 990 is provided at the time of filing.         |             |
|   |             |
| DESCRIPTION FOR MAKING DOCUMENTS PUBLIC                           |             |
| FORM 990, PAGE 6, PART VI, LINE 19                                |             |
| UPON REQUEST  |             |
|   |             |
| ESTIMATE OF AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIO | NS          |
| FORM 990, PAGE 7, PART VII, SECTION A                             |             |

| Schedule O (Form 990 or 990-EZ) (2013)                    | Page <b>2</b>                  |
|---|--------------------------------|
| Name of the organization                                  | Employer identification number |
| ROTARY CLUB OF MILWAUKEE COMMUNITY TR                     | 93-0756960                     |
|   |                                |
| Mary McCormick 40 hours with The Rotary Club of Milwaukee |                                |
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# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Part. I

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www irs gov/form990 See separate instructions

Employer identification number

93-0756960

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. ROTARY CLUB OF MILWAUKEE COMMUNITY IR Name of the organization

|         | (a)<br>Name, address, and EIN (if applicable) of disregarded entity   | (b)<br>Primary activity | (c) Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f) Direct controlling entity |
|---------|---|-------------------------|---|---------------------|---------------------------|-------------------------------|
|         |   |                         |   |                     |                           |                               |
|         | (2)   |                         |   |                     |                           |                               |
| (3)     | (3)   |                         |   |                     |                           |                               |
| (4)     |   |                         |   |                     |                           |                               |
| (2)     |   |                         |   |                     |                           |                               |
| (9)     |   |                         |   |                     |                           |                               |
| Part II | Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had | organization answ       | ered "Yes" on For                             | m 990, Part IV,     | line 34 because           | it had                        |

| Part II    | Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. | Complete if the orgaine tax year. | nization answere                                    | ed "Yes" on For            | m 990, Part IV, li                               | ne 34 because i                     | t had   |                     |
|------------|---|-----------------------------------|---|----------------------------|--|-------------------------------------|---|---------------------|
|            | (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity           | (c)<br>Legal domicile (state<br>or foreign country) | (d)<br>Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entry? | (b)(13)<br>led<br>? |
| (1) SEE    | (1) SEE PART VII SUPPLEMENT   |                                   |   |                            |  |                                     | Yes   | S<br>S              |
| (2)        |   |                                   |   |                            |  |                                     |   |                     |
| (3)        |   |                                   |   |                            |  |                                     |   |                     |
| (4)        |   |                                   |   |                            |  |                                     |   |                     |
| (5)        |   |                                   |   |                            |  |                                     |   |                     |
| (9)        |   |                                   |   |                            |  |                                     |   |                     |
| [7]        |   |                                   |   |                            |  |                                     |   | ļ                   |
| For Paperw | For Paperwork Reduction Act Notice, see the Instructions for Form 990.  |                                   |   |                            |  | Schedule R (Form 990) 2013          | (Form 990   | ) 2013              |

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(i) Section 512(b)(13) controlled entity? Yes No (k) Percentage ownership ownership Percentage Ξ 93-0756960 (j) General or managing partner? ŝ Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, Inc. 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Yes (g) Share of end-of-year assets of Schedule K-1 (Form 1065) (ı) Code V-UBI (f) Share of total income (h) Disprimontionate allocations? ŝ Yes (g) Share of end-of-year assets Type of entity (C corp, S corp, or trust) (f) Share of total income (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) Legal domicile (state or foreign country) ٥ Primary activity (d)
Direct controlling
entity 9 (c) Legal domicile (state or foreign country) (a) Name, address, and EIN of related organization (b) Primary activity (a) Name, address, and EIN of related organization Part Part IV  $\Xi$ 2 3 <u></u> (5) 9  $\mathbb{C}$  $\Xi$ 2 8 4 (5) 9

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Schedule R (Form 990) 2013

Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

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# Unrelated Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 37. 93-0756960 Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or areas revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) (b) (c) (d) (e) (f) (f) (f) (f) (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g | (b)<br>Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant Income (related, unrelated, | (e) Are all partners section 501(c)(3) organizations? | (f)<br>Share of<br>total income | (g) Share of and-of-year assets | (h) Disproportionate allocations? |   | Code V-UBI<br>amount in box 20<br>of Schedule K-1 | (I)<br>General or<br>managing<br>partner? |         | (k)<br>Percentage<br>ownership |
|--|-------------------------|---|---|---|---------------------------------|---------------------------------|-----------------------------------|---|---|---|---------|--------------------------------|
| (1)  |                         |   |   | Yes No  |                                 |                                 | Yes                               | § |   | Yes                                       | 2       |                                |
|  |                         |   |   |   |                                 | :                               |                                   |   |   |   |         |                                |
|  |                         |   |   |   |                                 |                                 |                                   |   |   |   |         |                                |
| [4]  |                         |   |   | _   |                                 |                                 |                                   |   |   |   |         |                                |
| (9)  |                         |   |   |   |                                 |                                 |                                   |   |   |   |         |                                |
| (9)  |                         |   |   |   |                                 |                                 |                                   |   |   |   |         |                                |
| [7]  |                         |   |   |   |                                 |                                 |                                   |   |   |   |         |                                |
| [8]  |                         |   |   |   |                                 |                                 |                                   |   |   |   |         |                                |
| (6)  |                         |   |   |   |                                 |                                 |                                   |   |   |   |         |                                |
| (10)   |                         |   |   |   |                                 |                                 |                                   |   |   |   |         |                                |
| [11]   |                         |   |   |   |                                 |                                 |                                   |   |   |   |         |                                |
| [12]   |                         |   |   |   |                                 |                                 |                                   |   |   |   |         |                                |
| [13]   |                         |   |   |   |                                 |                                 |                                   |   |   |   |         |                                |
| [14]   |                         |   |   |   |                                 |                                 |                                   |   |   |   |         |                                |
| (15)   |                         |   |   |   |                                 |                                 |                                   |   |   |   |         |                                |
| (16)   |                         |   |   |   |                                 |                                 |                                   |   |   |   |         |                                |
| ASU  |                         |   |   |   |                                 |                                 |                                   |   | Sche  | edule R                                   | (Form 9 | Schedule R (Form 990) 2013     |

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| Schedule R (Fo | m 990) 2013 Page <b>5</b>  |
|----------------|--|
| Part VII       | Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions). |
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Schedule R (Form 990) 2013

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# Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Supplement to Schedule R, Part II, Form 990

Name of entity: ROTARY CLUB OF MILWAUKEE

Address of Entity: 750 N LINCOLN MEMORIAL DR, MILWAUKEE, WI 53202

Employer ID Number: 39-0579290

Primary Activity: PROVIDE SERVICES TO SOCIAL & CIVIC ORGANIZATIONS TO PROMOTE INVOL

Legal domicile state:WI

Exempt code section:501(C)(4)

Sec. 512(b)(13) Controlled Entity: No

Page 5

Schedule R (Form 990) 2013

Schedule K (Form 990) 2013

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Supplement to Schedule R, Part V, Form 990

Name of organization: ANDREW F BELL & EDITH M BELL CHARITABLE TRUST

Transaction type: c

Amount Involved: 15,444.

Name of organization: ROTARY CLUB OF MILWAUKEE

Transaction type: b

Amount Involved: 56,775.

Name of organization: ROTARY CLUB OF MILWAUKEE

Transaction type: c

Amount Involved: 34,550.

Name of organization: Godfrey Trust

Transaction type: c

Amount Involved: 20,000.

Name of organization: Kohler Fdn

Transaction type: c

Amount Involved: 11,250.

Name of organization: Arthur J Donald Family Fdn

Transaction type: c

Amount Involved: 10,000.

Name of organization: GE Fdn

Schedule R (Form 990) 2013

Page 5

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Supplement to Schedule R, Part V, Form 990 (Cont'd) 

Transaction type: c

Amount Involved:

7,355.

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US ~~==**0** NAME OF ORGANIZATION: WORLD AFFAIRS SEMINAR ADDRESS: 10600 W MITCHELL ST WEST ALLIS, WI 53214 EIN: 39-1247797 IRC SECTION: 501(c)(3) AMOUNT OF CASH GRANT..... 6,000. PURPOSE OF GRANT: GENERAL SUPPORT - WORLD AFFAIRS SEMINAR NAME OF ORGANIZATION: URBAN ECOLOGY CENTER ADDRESS: 1500 E PARK PLACE MILWAUKEE, WI 53211 EIN: 39-1712663 IRC SECTION: 501(c)(3) AMOUNT OF CASH GRANT..... 7,850. PURPOSE OF GRANT: GENERAL SUPPORT NAME OF ORGANIZATION: MILWAUKEE PUBLIC SCHOOLS ADDRESS: 5225 W VLIET ST MILWAUKEE, WI 53208 EIN: 39-6023436 IRC SECTION: 501(c)(3) AMOUNT OF CASH GRANT..... 16,960. PURPOSE OF GRANT: SUPPORT FOR BROWN ST & HOLMES SCHOOLS NAME OF ORGANIZATION: ROTARY CLUB OF MILWAUKEE ADDRESS: 750 N LINCOLN MEMORIAL DRIVE Milwaukee, WI 53201 39-0579290 AMOUNT OF CASH GRANT..... 56,775. PURPOSE OF GRANT: PAYMENT OF EXPENSES DIRECTLY RELATED TO CHARITABLE ACTIVITIES. EXAMPLES: PURCHASE OF RIF METALS; Scholarships 

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93-0756960

| SCH I, PART III- GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS IN TH | E US    |
|---|---------|
| TYPE OF GRANT OR ASSISTANCE SCHOLARSHIPS TO INDIVIDUALS           |         |
| Assistance for books NUMBER OF RECIPIENTS                         | 28      |
| AMOUNT OF CASH GRANT  | 24,696. |
|   |         |
| TOTAL NUMBER OF RECIPIENTS  | 28      |
| TOTAL CASH GRANTS   | 24,696. |