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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

OMB No 1545-1150

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Rotary International Hudson Daybreak Rotary Club

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

PO Box 48

City or town, state or province, country, and ZIP or foreign postal code

Hudson, WI 54016

D Employer identification number

39-1692800

E Telephone number

F Group Exemption Number

G Accounting Method

☐ Cash ☒ Accrual Other (specify) ▶

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ www.hudsondaybreakrotary.org

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

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 128,063

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1,788
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	22,686
	4	Investment income	5,628
	5a	Gross amount from sale of assets other than inventory	5a
	5b	Less cost or other basis and sales expenses	5b
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6	Gaming and fundraising events	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	56,755
Expenses	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	41,146
	6c	Less direct expenses from gaming and fundraising events	38,860
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	59,041
	7a	Gross sales of inventory, less returns and allowances	7a
	7b	Less cost of goods sold	7b
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8	Other revenue (describe in Schedule O)	60
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	89,203
	10	Grants and similar amounts paid (list in Schedule O)	40,793
Net Assets	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	11,460
	13	Professional fees and other payments to independent contractors	950
	14	Occupancy, rent, utilities, and maintenance	
	15	Printing, publications, postage, and shipping	
	16	Other expenses (describe in Schedule O)	17,912
	17	Total expenses. Add lines 10 through 16	71,115
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18,088
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	218,102
20	Other changes in net assets or fund balances (explain in Schedule O)		
21	Net assets or fund balances at end of year Combine lines 18 through 20	236,190	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2017)

Check if the organization used Schedule O to respond to any question in this Part II ☒

Check if the organization used Schedule O to respond to any question in this Part IV. ☐

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ <u>VERNA CLARK</u> Telephone no ▶ <u>(715) 386-7450</u> Located at ▶ <u>PO Box 48 Hudson, WI</u> ZIP + 4 ▶ <u>54016</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	No
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
If "Yes," enter the name of the foreign country ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

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

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI ☐

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ► _____

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ► ☐ **Yes** ☒ **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2019-05-13 Date		
	Amy SCHNEIDER, President Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Darren Schutz, CPA	Preparer's signature	Date 2019-05-13	Check ☐ if self-employed	PTIN P00421120
	Firm's name ► SCHUTZ, CPA LTD			Firm's EIN ► 81-1374244	
	Firm's address ► PO Box 1356 Hudson, WI 54016			Phone no. (715) 381-3053	

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

Additional Data

Software ID:
Software Version:
EIN: 39-1692800
Name: Rotary International Hudson Daybreak Rotary Club

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 CLUB SERVICE AND MEMBERSHIP DEVELOPMENT THROUGH PROGRAMS FELLOWSHIP PUBLIC RELATIONS AND ROTARY INFORMATION (Grants \$) If this amount includes foreign grants, check here . . . ☐		28a	7,484

Form 990EZ, Part III - Statement of Program Service Accomplishments	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
29 LOCAL SERVICE BY APPLICATION OF SERVICE TO THE AREA COMMUNITY BY CREATING OPPORTUNITIES FOR YOUTH AND CREATING A BETTER COMMUNITY FOR ALL (Grants \$ 40,905) If this amount includes foreign grants, check here . . . ☐	29a 2,876

Form 990EZ, Part III - Statement of Program Service Accomplishments	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
30 INTERNATIONAL SERVICE BY ADVANCING INTERNATIONAL GOODWILL AND PEACE THROUGH YOUTH EXCHANGE PROGRAMS AND INTERNATIONAL PROJECTS (Grants \$ 2,000) If this amount includes foreign grants, check here . . . ☐	30a 2,956

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

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TOM VANPELT PAST PRESIDENT	2 00	0	0	0
VERNA CLARK EXECUTIVE SECRETARY	20 00	11,460	0	0
AMY SCHNEIDER PRESIDENT	10 00	0	0	0
JENNIFER SCHUTZ DIRECTOR	2 00	0	0	0
TODD Gillingham PRESIDENT ELECT	6 00	0	0	0
BRUCE HANSON DIRECTOR	2 00	0	0	0
DEBBIE VOGLER DIRECTOR	2 00	0	0	0
JIM BENNEWITZ DIRECTOR	2 00	0	0	0
LINDA ROBERTSON DIRECTOR	2 00	0	0	0
CHRIS WOOD SECRETARYTREASURER	4 00	0	0	0
CHRIS KOST DIRECTOR	2 00	0	0	0
CHRIS FROST DIRECTOR	2 00	0	0	0
JULIE HEIFNER DIRECTOR	2 00	0	0	0
JILL MCNAMEE DIRECTOR	2 00	0	0	0
RUTH PETERMANN DIRECTOR	2 00	0	0	0

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Rotary International Hudson Daybreak Rotary Club

Employer identification number
39-1692800

Part I Fundraising Activities.

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

WI

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		GALA (event type)	Golf (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	17,153	23,993		41,146
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	17,153	23,993		41,146
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages		3,931		3,931
	8 Entertainment	7,714	9,112		16,826
	9 Other direct expenses	100			100
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				20,857
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				20,289

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			56,755	56,755
	2 Cash prizes			16,000	16,000
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			2,003	2,003
Direct Expenses	6 Volunteer labor	☒ Yes 100 000 % ☐ No	☒ Yes 100 000 % ☐ No	☒ Yes 100 000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				18,003
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				38,752

9 Enter the state(s) in which the organization conducts gaming activities WI

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

b If "No," explain _____

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

b If "Yes," explain _____

11	Does the organization conduct gaming activities with nonmembers?	☒ Yes ☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes ☒ No
13	Indicate the percentage of gaming activity conducted in	
a	The organization's facility	13a _____ %
b	An outside facility	13b _____ 100 0 %

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

Name ► VERNA CLARK

Address ► PO Box 48
Hudson, WI 54016

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

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

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

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Rotary International Hudson Daybreak Rotary Club

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.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

39-1692800

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other revenue Part I line 8	Description AmountGUEST MEALS 60

990 Schedule O, Supplemental Information

Return Reference	Explanation
List of grants and similar amounts paid Part I line 10	Activity LOCAL PROGRAM Grantee Various Relationship NONE Amount 35,793Activity LOCAL PROJE CT Grantee HUDSON BOOSTERS Street PO BOX 354 City, State, Zip Hudson, WI 54016Relationship NONE Amount 5,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other expenses Part I line 16	Description AmountINTERNATIONAL DUES 126BANK CHARGES 150DISTRICT DUES 376DISTRICT CONFERENCES 325DUES, LICENSES, SUBSCRIPTIONS 150DISTRICT GOV/SOM GIFTS 125HALLOWEEN PARADE 652HONORS BREAKFAST 675INSURANCE 422GUEST MEALS 2,124NEW MEMBER BADGES AND PINS 114NEW MEMBER PACKET 30OFFICE SUPPLIES 1,566TREE PROJECT 218PRESIDENT FUNDS 500SOCIAL EVENTS 356SERVICE ABOVE SELF AWARD 205INTERACT CLUB 500INBOUND YOUTH EXCHANGE 2,156OUTBOUND YOUTH EXCHANGE 800INVESTMENT FEES 3,302PRES/PE TRAVEL 1,500GRACE PLACE MEALS 300WEBSITE AND NEWSLETTER 113PUBLIC IMAGE 377ETHICS ESSAY 750

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other changes in net assets or fund balances Part I line 20	Description AmountUNREALIZED INVESTMENT GAINS 11,433UNREALIZED GAIN ON INVESTMENTS (11,433)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other assets Part II line 24	Category Beginning of Year End of YearSCVF CHARITABLE FUND 201,839 222,009SCVF SHORT TERM 5 0ACCOUNTS RECEIVABLE 6,095 6,070FIRST BANK JA 1,755 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of total liabilities Part II line 26	Category Beginning of Year End of YearDEFERRED REVENUE 15,171 9,617ACCOUNTS PAYABLE & ACCRUED EXP 10,853 11,240