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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2010

Open to Public

Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2010 calendar year, or tax year beginning **07/01/10**, and ending **06/30/11**

| | | | |
|---|---|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization ROTARY CLUB OF NAPERVILLE | | D Employer identification number 36-6206608 |
| | Number and street (or P.O. box, if mail is not delivered to street address) P.O. BOX 2 | | E Telephone number 630-864-1542 |
| | City or town, state or country, and ZIP + 4 NAPERVILLE IL 60566 | | F Group Exemption Number ▶ |
| | G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ | | H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) |
| I Website: ▶ WWW.NAPERVILLEROTARY.ORG | | | |
| J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 (Form 990, 990-EZ, or 990-PF) | | | |
| K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. | | | |

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **137,666**

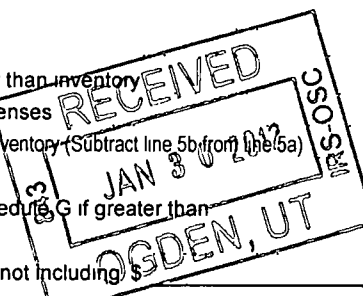
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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 | 10,461 |
| | 2 Program service revenue including government fees and contracts | 2 | 14,410 |
| | 3 Membership dues and assessments | 3 | 112,705 |
| | 4 Investment income | 4 | 90 |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 Gaming and fundraising events | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | | |
| c Less direct expenses from gaming and fundraising events | 6c | | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | | |
| 7a Gross sales of inventory, less returns and allowances | 7a | | |
| b Less cost of goods sold | 7b | | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 Other revenue (describe in Schedule O) | 8 | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 137,666 | |
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) | 10 | 20,237 |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | |
| | 13 Professional fees and other payments to independent contractors | 13 | 7,526 |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 Printing, publications, postage, and shipping | 15 | |
| | 16 Other expenses (describe in Schedule O) | 16 | 107,373 |
| | 17 Total expenses. Add lines 10 through 16 | 17 | 135,136 |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 2,530 |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 32,231 |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 34,761 |

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)



SEE STATEMENT

60
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Form 990-EZ (2010)

ROTARY CLUB OF NAPERVILLE

36-6206608

Page 2

Part II Balance Sheets. (see the instructions for Part II.)

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

☒

| | (A) Beginning of year | | (B) End of year |
|--|-----------------------|----|-----------------|
| 22 Cash, savings, and investments | 40,947 | 22 | 66,306 |
| 23 Land and buildings | 0 | 23 | |
| 24 Other assets (describe in Schedule O) | 2,946 | 24 | 1,930 |
| 25 Total assets | 43,893 | 25 | 68,236 |
| 26 Total liabilities (describe in Schedule O) | 11,662 | 26 | 33,475 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 32,231 | 27 | 34,761 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

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

☒

What is the organization's primary exempt purpose?

PROMOTING COMMUNITY GOODWILL

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses

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

28 SEE SCHEDULE O

(Grants \$) If this amount includes foreign grants, check here

☐

28a

105,793

29 SEE SCHEDULE O

(Grants \$ 20,237) If this amount includes foreign grants, check here

☐

29a

20,237

30

(Grants \$) If this amount includes foreign grants, check here

☐

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

☐

31a

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

☐

32

126,030

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 address | (a) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|---|---|--|
| PAT MERRYWEATHER P.O. BOX 2 NAPERVILLE IL 60566 | PRES ELECT 3.00 | 0 | 0 | 0 |
| BOB ESTVANDER P.O. BOX 2 NAPERVILLE IL 60566 | PRESIDENT 3.00 | 0 | 0 | 0 |
| ANJU KHANNA P.O. BOX 2 NAPERVILLE IL 60566 | TREASURER 3.00 | 0 | 0 | 0 |
| KATHY BEEDLE P.O. BOX 2 NAPERVILLE IL 60566 | DIR OF CLUB SERVICES 2.00 | 0 | 0 | 0 |
| RON CZALBOWSKI P.O. BOX 2 NAPERVILLE IL 60566 | DIR OF COMM SERVICE 2.00 | 0 | 0 | 0 |
| JOHN GALLAGHER P.O. BOX 2 NAPERVILLE IL 60566 | SERGEANT-AT-ARMS 2.00 | 0 | 0 | 0 |
| NINA MENIS P.O. BOX 2 NAPERVILLE IL 60566 | DIR OF VOC SERVICE 2.00 | 0 | 0 | 0 |
| PRAKASH TATA P.O. BOX 2 NAPERVILLE IL 60566 | DIR OF INTL SERVICE 2.00 | 0 | 0 | 0 |
| HUNTER BYINGTON P.O. BOX 2 NAPERVILLE IL 60566 | DIR OF PUB RELATIONS 2.00 | 0 | 0 | 0 |
| JEFF FABRI P.O. BOX 2 NAPERVILLE IL 60566 | DIRECTOR 2.00 | 0 | 0 | 0 |
| JOHN KNOBLOCH P.O. BOX 2 NAPERVILLE IL 60566 | DIRECTOR 2.00 | 0 | 0 | 0 |
| FRANK SLOCUMB P.O. BOX 2 NAPERVILLE IL 60566 | PRESIDENT NOMINEE 2.00 | 0 | 0 | 0 |
| SUN KWOK P.O. BOX 2 NAPERVILLE IL 60566 | PRESIDENT ELECT 2.00 | 0 | 0 | 0 |

DAA

Form 990-EZ (2010)

Part II Balance Sheets. (see the instructions for Part II.)

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

| | (A) Beginning of year | (B) End of year | |
|---|-----------------------|-----------------|---|
| 22 Cash, savings, and investments | 0 | 22 | |
| 23 Land and buildings | 0 | 23 | |
| 24 Other assets (describe in Schedule O) | 0 | 24 | |
| 25 Total assets | 0 | 25 | 0 |
| 26 Total liabilities (describe in Schedule O) | 0 | 26 | 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 0 | 27 | 0 |

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)

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

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses

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

| | | | |
|----|---|----------------------------|-----|
| 28 | | | |
| | (Grants \$) If this amount includes foreign grants, check here | ▶ <input type="checkbox"/> | 28a |
| 29 | | | |
| | (Grants \$) If this amount includes foreign grants, check here | ▶ <input type="checkbox"/> | 29a |
| 30 | | | |
| | (Grants \$) If this amount includes foreign grants, check here | ▶ <input type="checkbox"/> | 30a |
| 31 | Other program services (describe in Schedule O) | | |
| | (Grants \$) If this amount includes foreign grants, check here | ▶ <input type="checkbox"/> | 31a |
| 32 | Total program service expenses (add lines 28a through 31a) | ▶ | 32 |

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

[illegible]

Part V Other Information (Note the 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 activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | | X |
| 34 Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | | X |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. | | | |
| a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? | 35a | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? | 35b | | |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | | | |
| b Did the organization file Form 1120-POL for this year? | 37b | | X |
| 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 | | X |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | | | |
| 39 Section 501(c)(7) organizations Enter 39a | | | |
| a Initiation fees and capital contributions included on line 9 39a | | | |
| b Gross receipts, included on line 9, for public use of club facilities 39b | | | |
| 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____ | | | |
| b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | X |
| c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ | | | |
| d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____ | | | |
| e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | X |
| 41 List the states with which a copy of this return is filed IL | | | |
| 42a The organization's books are in care of ANJU KNANNA Telephone no ▶ 630-864-1542 | | | |
| P.O. BOX 2 | | | |
| Located at NAPERVILLE IL ZIP + 4 ▶ 60566 | | | |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | X |
| If "Yes," enter the name of the foreign country ▶ _____ | | | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . | | | |
| c At any time during the calendar year, did the organization maintain an office outside of the U S ? | 42c | | X |
| If "Yes," enter the name of the foreign country ▶ _____ | | | |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | | | <input type="checkbox"/> |
| 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 | | X |
| b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | X |
| c Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | | |

Form 990-EZ (2010) **ROTARY CLUB OF NAPERVILLE****36-6206608**Page **4****45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

| | Yes | No |
|-----------|-----|----------|
| 45 | | X |

a 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)

| | | |
|------------|--|----------|
| 45a | | X |
|------------|--|----------|

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

| | | |
|-----------|--|----------|
| 46 | | X |
|-----------|--|----------|

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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 ☐

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

| | Yes | No |
|-----------|-----|----|
| 47 | | |

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

| | | |
|-----------|--|--|
| 48 | | |
|-----------|--|--|

49a Did the organization make any transfers to an exempt non-charitable related organization?

| | | |
|------------|--|--|
| 49a | | |
|------------|--|--|

b If "Yes," was the related organization a section 527 organization?

| | | |
|------------|--|--|
| 49b | | |
|------------|--|--|

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

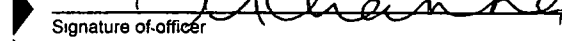
| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

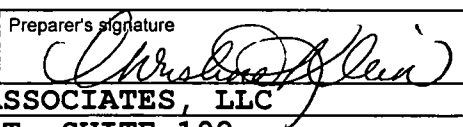
f Total number of other employees paid over \$100,000 **▶** _____**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 **▶** _____**52** Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A **▶** ☐ Yes ☐ No

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

Sign Here  **ANJU KHANNA** **TREASURER** **11/25/12**
Signature of officer Date
Type or print name and title

Paid Preparer Use Only Print/Type preparer's name **CHRISTINA KLEIN** Preparer's signature  Date **01/18/12** Check ☐ if self-employed PTIN **P00295589**
Firm's name **KLEIN, HALL & ASSOCIATES, LLC** Firm's EIN **37-1437362**
Firm's address **3973 75TH STREET, SUITE 102 AURORA, IL 60504** Phone no **630-898-5578**

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2010

Open to Public
Inspection

Employer identification number
36-6206608

ROTARY CLUB OF NAPERVILLE

FORM 990-EZ, PART I, LINE 10 - GRANTS/SIMILAR AMTS PAID TO INDIVIDUALS

| RELATIONSHIP TO ORG | CLASS OF ACTIVITY | DATE OF GIFT | DESC. OF PROPERTY |
|---------------------|-------------------|--------------|--------------------|
| CASH CONTRIB. | NONCASH CONTRIB. | BOOK VALUE | BV EXPL. FMV EXPL. |

| | | | | | |
|----|--------|----|---|----|---|
| \$ | 20,237 | \$ | 0 | \$ | 0 |
|----|--------|----|---|----|---|

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

| DESCRIPTION | AMOUNT |
|-------------|--------|
|-------------|--------|

EXPENSES

| | | |
|------------------------|-----------|----------------|
| POSTAGE | \$ | 104 |
| PRINTING & SUPPLIES | \$ | 926 |
| INSURANCE | \$ | 198 |
| MEMBERSHIP EVENTS | \$ | 82,742 |
| CLUB ADMINISTRATION | \$ | 3,715 |
| DUES & SUBSCRIPTIONS | \$ | 19,336 |
| TAXES, FEES, & PERMITS | \$ | 25 |
| BANK FEES | \$ | 327 |
| TOTAL | \$ | 107,373 |

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|-------------------------------|-----------------|-----------------|
| ACCOUNTS RECEIVABLE | \$ 2,946 | \$ 1,930 |
| COMPUTER EQUIPMENT | \$ 2,709 | \$ 2,709 |
| LESS ACCUMULATED DEPRECIATION | \$ 2,709 | \$ 2,709 |
| TOTAL | \$ 2,946 | \$ 1,930 |

Name of the organization

ROTARY CLUB OF NAPERVILLE

Employer identification number

36-6206608

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|---------------------------------------|--------------|-------------|
| ACCOUNTS PAYABLE AND ACCRUED EXPENSES | \$ 0 | \$ 6,221 |
| SCHOLARSHIPS PAYABLE | \$ 2,628 | \$ 22,820 |
| DUE TO OTHER ORGANIZATIONS | \$ 9,034 | \$ 4,434 |

FORM 990-EZ, PART III, LINE 28 - FIRST ACHIEVEMENT

FELLOWSHIP EVENTS FOR MEMBERS. WEEKLY MEETINGS TO DISCUSS
HUMANITARIAN SERVICE PROJECTS , SCHOLARSHIPS, AND HIGH
ETHICAL STANDARDS TO PROMOTE GOODWILL AND PEACE IN THE
WORLD.

FORM 990-EZ, PART III, LINE 29 - SECOND ACHIEVEMENT

MAKE CONTRIBUTIONS TO VARIOUS CHARITABLE ORGANIZATIONS IN
THE NAPERVILLE COMMUNITY AND SURROUNDING AREAS. PROVIDE
SCHOLARSHIPS TO DERSERVING STUDENTS IN THE NAPERVILLE AREA
BASED PRIMARILY ON COMMUNITY SERVICE AND ACADEMICS.

Federal Statements

Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

| Description | Amount |
|-------------------------------|------------|
| MEMBERSHIP DUES & ASSESSMENTS | \$ 112,705 |
| TOTAL | \$ 112,705 |