



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public
Inspection

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form

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

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

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

ROTARY CLUB OF NAPERVILLE

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

P.O. BOX 2

D Employer identification number
36-6206608

City or town, state or country, and ZIP + 4

NAPERVILLE IL 60566

E Telephone number
630-864-1542F Group Exemption
Number ►G Accounting Method Cash Accrual Other (specify) ►

I Website: ► WWW.NAPERVILLEROTARY.ORG

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (4) (insert no) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B
(Form 990, 990-EZ, or 990-PF)K Check ► 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

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	6a	of contributions
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	
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)	6c	
c Less direct expenses from gaming and fundraising events	6d	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a	
7a Gross sales of inventory, less returns and allowances	7b	
b Less cost of goods sold	7c	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8 Other revenue (describe in Schedule O)	9	137,666
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	20,237
10 Grants and similar amounts paid (list in Schedule O)	11	
11 Benefits paid to or for members	12	
12 Salaries, other compensation, and employee benefits	13	7,526
13 Professional fees and other payments to independent contractors	14	
14 Occupancy, rent, utilities, and maintenance	15	
15 Printing, publications, postage, and shipping	16	107,373
16 Other expenses (describe in Schedule O)	17	135,136
17 Total expenses. Add lines 10 through 16	18	2,530
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	32,231
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)	20	
20 Other changes in net assets or fund balances (explain in Schedule O)	21	34,761
21 Net assets or fund balances at end of year Combine lines 18 through 20		60

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990-EZ (2010)

SCANNED FEB 07 2012
Revenue

Expenses

Net Assets

60

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

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

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

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)

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?

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?

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

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?

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?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

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

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

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)?

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.?

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

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

c Did the organization receive any payments for indoor tanning services during the year?

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

	Yes	No
33	X	

34	X
----	---

35a	X
-----	---

35b	
-----	--

36	X
----	---

37b	X
-----	---

38a	X
-----	---

38b	
-----	--

39a

39b

40b	X
-----	---

40e	X
-----	---

--	--

	Yes	No
42b	X	

42c	X
-----	---

--	--

--	--

	Yes	No
44a	X	

44b	X
-----	---

44c	X
-----	---

44d	
-----	--

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
 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)

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

	Yes	No
45		X
45a		X
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
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
 49a Did the organization make any transfers to an exempt non-charitable related organization?
 b If "Yes," was the related organization a section 527 organization?
 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"

	Yes	No
47		
48		
49a		
49b		

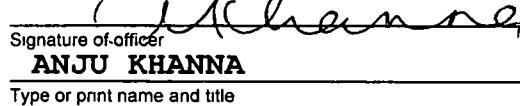
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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 <small>Type or print name and title</small>		Date <u>11/25/12</u>
	Print/Type preparer's name CHRISTINA KLEIN	Preparer's signature 	Date <u>01/18/12</u> Check <input type="checkbox"/> if self-employed PTIN <u>P00295589</u>
Paid Preparer Use Only	Firm's name ► KLEIN, HALL & ASSOCIATES, LLC	Firm's EIN ► 37-1437362	Phone no 630-898-5578
	Firm's address ► 3973 75TH STREET, SUITE 102 AURORA, IL 60504		

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**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

2010Open to Public
Inspection

Name of the organization

ROTARY CLUB OF NAPERVILLEEmployer identification number
36-6206608**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

Schedule O (Form 990 or 990-EZ) (2010)Page **2**

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 DESERVING STUDENTS IN THE NAPERVILLE AREA BASED PRIMARILY ON COMMUNITY SERVICE AND ACADEMICS.

ROTARY Rotary Club of Naperville
36-6206608
FYE: 6/30/2011

1/18/2012 4:39 PM

Federal Statements

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

Description	Amount
MEMBERSHIP DUES & ASSESSMENTS	\$ 112,705
TOTAL	\$ <u>112,705</u>