

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



132001 01-23-12

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 black lung benefit trust or private foundation)

OMB No 1545-0047

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

Open to Public Inspection

A F	or the	2011 calendar year, or tax year beginning U	UL 1, 2011 and	ending (JUN 30, 2	012		
B C	heck if pplicable	C Name of organization			D Employer id	entificati	on number	
	Address change	THE ROTARY CLUB OF DOW	NERS GROVE					
	Name change	Doing Business As	· · · · · · · · · · · · · · · · · · ·] 3	6-286	7580	
]initial return]Termin-	Number and street (or P 0. box if mail is not de	livered to street address)	Room/suite	E Telephone number 630-960-2305			
<u> </u>	ated Amende	P.O. BOX 256			}			
\vdash	⊥return ∏Applica	City or town, state or country, and ZIP + 4	15		G Gross receipts \$		267,588.	
	⊥tion pending				H(a) is this a gri		Yes X No	
		SAME AS C ABOVE			H(b) Are all affilia			
TT	ax-exe			or 527	⊣ ''		. (see instructions)	
		DGROTARY.ORG	, , , , , , , , , , , , , , , , , , ,		H(c) Group exe		•	
			ssociation Other	L Year	of formation: 19	5 1 M St	ate of legal domicile: ${f I}{f L}$	
Pa		Summary	•					
ė	1 E	riefly describe the organization's mission or mos	t significant activities: ${f TO}$ ${f E}$	NCOUR	AGE AND F	OSTER	THE	
Activities & Governance	<u> </u>	DEAL OF SERVICE AS A BAS	IS OF WORTHY EN	TERPR.	ISE.			
ern		theck this box 🕨 📖 if the organization disco	·	sed of mor	e than 25% of its	net asset		
30		lumber of voting members of the governing body				3	16	
<u>مح</u>		lumber of independent voting members of the go	• • •			4	16	
ties	l .	otal number of individuals employed in calendar				5	0	
tivi		otal number of volunteers (estimate if necessary)				6	0.	
Ac	l	otal unrelated business revenue from Part VIII, co				7a 7b	0.	
	<u> </u>	let unrelated business taxable income from Form	1 990-1, III e 34	<u>-</u>	Prior Year	1,0	Current Year	
•	8 (Contributions and grants (Part VIII, line 1h)		-	26,4	95.	23,730.	
Revenue	l	rogram service revenue (Part VIII, line 2g)				0.	0.	
eve	l	nvestment income (Part VIII, column (A), lines 3, 4	<u> </u>	1	32.	682.		
ď	}	Other revenue (Part VIII, column (A), lines 5, 6d, 8d		104,6	44.	81,756.		
	i	otal revenue - add lines 8 through 11 (must equa			131,2	71.	106,168.	
		Grants and similar amounts paid (Part IX, column			10,9	00.	47,045.	
	14 E	senefits paid to or for members (Part IX, column (A), line 4)			0.	0.	
S	15 9	salaries, other compensation, employee benefits	(Part IX, column (A), lines 5-10)		•	0.	0.	
Expenses	16 a F	rofessional fundraising fees (Part IX, column (A),	line 11e)			0.	0.	
ă	Ь٦	otal fundraising expenses (Part IX, column (D), Iir	ne 25) 🕨	0.			10.0==	
ш	•	other expenses (Part IX, column (A), lines 11a-11c	·	<u> </u>	48,3		42,957.	
	18 7	otal expenses. Add lines 13-17 (must equal Part- Revenue less expenses. Subtract line 18 from line	IX-column (A), (tine 25)		59,2		90,002.	
<u>_ ~</u>	19 F				72,0		16,166.	
ts o		252	EED 1 0 2012 0	В	eginning of Current 297,1		End of Year 261,074.	
See	20]	Total assets (Part X, line 16)	FEB 1 9 2013		54,0		7,371.	
Net Assets or Fund Balances	21 7	otal liabilities (Part X, line 26) let assets or fund balances Subtract line 21 from		<u> </u>	243,0		253,703.	
Pa	art II		GUEN, UT		21370	<u> </u>	233,703	
		ies of perjury, I declare that I have examined this return	, including accompanying schedule	es and stater	nents, and to the be	st of my kn	owledge and belief, it is	
		and complete. Declaration of preparer (other than office					-	
		A L			J	-/3 -	13	
Sigi	n	Signature of officer			Date			
Her	е	JOSEPH A LEO, TREASURE	ER					
		Type or print name and title	·	. ,	Data		I DYN	
<u>.</u> .		Print/Type preparer's name	Preparer's signature		Date CI	neck	PTIN	
	Paid		<u>L</u>			lf-employed	1	
•		Firm's name			Firm's E	IN 🕨		
use	Only	Firm's address			Phone n	10		
N.4	/ tho !!!	S discuss this return with the preparer shown ab	ave2 (see instructions)		J Priorie II	0.	Yes No	
IVIH.	, ii ie ie	a discuss this return with the Diebater Shown Ab	OVE: ISEC HISHULUUHSI				183 1NO	

LHA For Paperwork Reduction Act Notice, see the separate instructions.

· Form **990** (2011)

Form	1990 (2011) THE ROTARY CLUB OF DOWNERS GROVE	36-2867580	Page 2
7.7.	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission: TO ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS ENTERPRISE.	OF WORTHY	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 16,000 • including grants of \$) (Reven)
	STUDENT SCHOLORSHIPS - THE CLUB PROVIDES SCHOLORSHIPS TO SERVICE ORIENTATED STUDENTS.	O COMMUNITY	
	DERVICE CATEMINED DISCHARGE		
			
4b	(Code) (Expenses \$	uue \$	<u> </u>
	DISTRICT AND INTERNATIONAL DUES - THE CLUBS DUES ARE US	ED TO PROVID	<u>E</u>
	CONTRIBUTIONS TO VARIOUS CHARITABLE ORGANIZATIONS LOCAL INTERNATIONALLY.	LY AND	
	INTERNATIONALLI.		
			
	20 005		
4c	(Code) (Expenses \$ 28,895 . including grants of \$) (Rever COMMUNITY CONTRIBUTIONS - CONTRIBUTIONS TO VARIOUS ORGA)
	DOWNERS GROVE. BY SUPPORTING LOCAL ORGANIZATIONS THE C	LUB PROMOTED	
	COMMUNITY GOODWILL AND ROTARY IDEALS.		
		 	
4d	Other program services (Describe in Schedule O.)		
4e	(Expenses \$ 21,089 ⋅ including grents of \$) (Revenue \$ Total program service expenses > 72,035 ⋅)	
-+c	Total program service expenses P	Form 9	90 (2011)

			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		<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		X
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		
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	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," complete			l
	Schedule D, Part III	8		<u> X</u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			.,
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	ļ	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			١.,
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ļ	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			X
	Part VI	11a		<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446	X	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
C	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 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		Х
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, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	ļ	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		İ	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		İ	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1	٠,,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь	900	(2011)
		rorm	33U	(ZUII)

Form 990 (2011) THE ROTARY CLUB OF DOWNERS GROVE 36-2867580 Page 4

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			.,
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K If "No", go to line 25	24a		<u>X</u>
ь	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
D	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? If "Yes," complete			v
00	Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	00		Х
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
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 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	uun /	2011)

- 111	A		A-1 IDA	## * n *	Tax Compliance
LIVE TO 1	STOTOMORTO	Dagardina	TITHAP IUS	Lunge and	I av framhlianaa
THOUSE WILLIAM	Statements	neuarumu	Ouiei ino	riiii lus allu	Tax Cullibliance
* ** * * -			•		

	Check it Schedule O contains a response to any question in this Part V					<u> </u>
		1 1	_	,	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			1
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?	1 1		1c		ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0			ĺ
	filed for the calendar year ending with or within the year covered by this return	2a	0			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b		
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	S)				х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		^
	If "Yes," has it filed a Form 990-T for this year? If "No," 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		•	4.		X
_	financial account in a foreign country (such as a bank account, securities account, or other financial	accoul	11) (4a		
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	A 000111				
5 2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Accou	115.	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	ection?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	action:		5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he oraș	anization solicit	50		
Vu.	any contributions that were not tax deductible?	no orga	inzation solicit	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	tions o	r aifts			
-	were not tax deductible?		. .	6b		1
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	-	, ,	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	t?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7 f		
9	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	99 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D		- · · ·			ĺ
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tim	e during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					1
а	Did the organization make any taxable distributions under section 4966?			9a	ļ	-
b	Did the organization make a distribution to a donor, donor advisor, or related person?			96		
10	Section 501(c)(7) organizations. Enter:	ا مدا				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a				
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	110				
U	amounts due or received from them.)	115				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form)	12a	•	İ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1		
	is the organization licensed to issue qualified health plans in more than one state?			13a	l	
-	Note. See the instructions for additional information the organization must report on Schedule O.					
ь	Enter the amount of reserves the organization is required to maintain by the states in which the					
_	organization is licensed to issue qualified health plans	13ь				
С	Enter the amount of reserves on hand	13c		<u>L</u>	<u>L</u> . :	
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		
				Form	990	/2011

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X			
Sec	tion 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 16						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
ь	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
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 elect or appoint one or						
	more members of the governing body?	7a	Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b	 	X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X			
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a		10a		Х			
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?						
11a							
b							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-					
40	In Schedule O how this was done	12c		Х			
13	Did the organization have a written whistleblower policy?	14		X			
14	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14					
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	ſ	Х			
	Other officers or key employees of the organization	15b		X			
,	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1	··· ····	····			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a	1	Х			
b	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 safeguard the organization's						
	exempt status with respect to such arrangements?	16b	Ì	Ì			
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	le				
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	nd finai	ncial				
	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 the organization	ation:	-	·			
	JOSEPH A LEO - 630-990-1110						
TRAFF	P.O. BOX 256, DOWNERS GROVE, IL 60515						
13200 01-23	o -12	Form	990	(2011)			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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 (A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W·2/1099·MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAN TECHMAN								_	_	_
PRESIDENT	4.00	X		X		<u> </u>		0.	0.	0
(2) KENT EBERSOLD	2.00	,,		٠,						
PRESIDENT ELECT	3.00	X	<u> </u>	X	<u> </u>	 	<u> </u>	0.	0.	0
(3) JOHN HINDE	3.00	l.		v		ŀ		0.	0	^
SECRETARY	3.00	Х		Х	\vdash	 	\vdash	<u> </u>	0.	0
(4) JOSEPH LEO TREASURER	3.00	X	1	Х			ļ	0.	o .	0
	-	-								
						ļ	_			

132007 01-23-12

Form 990 (2011)

	(A) Name and title	(B) Average hours per week	rage Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	pensatom the anizati I relate nization	e on ed
			=	<u> </u>	0	, X	I 8	<u> </u>					<u>.</u>	
			_											
														
1b Sub-total									0.		0.			0.
c Total from	n continuation sheets to Part V I lines 1b and 1c)	II, Section A					>		0.		0.	-		0.
	ber of individuals (including but ration from the organization	not limited to th	nose	liste	ed al	bove	e) w	no r	eceived more than \$100	0,000 of reportabl	e 		Yes	No.
line 1a? If	ganization list any former officer "Yes," complete Schedule J for s	such individual			•	•						3		х
and relate	dividual listed on line 1a, is the s d organizations greater than \$15 erson listed on line 1a receive or	0,000? If "Yes,	," со	mpl	ete S	Sche	edul	e J i	for such individual			4		Х
rendered Section B. Ind	to the organization? <i>If "Yes," con</i> ependent Contractors	nplete Schedui	le J 1	for s	uch	pers	son					5]	Х
•	this table for your five highest co zation. Report compensation for								n the organization's tax		pens			
	(A) Name and business	address	N	ONI	E				(B) Description of	services	С	(C ompe		n
			•											
	ber of independent contractors		not li	mite	d to		_	stec	d above) who received r	nore than			••••••	
\$100,000	of compensation from the organ	ization >					0				··-··		200	

form **990** (201

Ta		•	Statement of Never			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
fts, Grants r Amounts		b	Federated campaigns Membership dues Fundraising events	1a 1b 1c	23,532.				
Contributions, Gifts, Grants and Other Similar Amounts		е	Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included above	ts, and	198.				
Sontr and O			Noncash contributions included in lines Total. Add lines 1a-1f	1a-1f \$		23,730.			
	_	••	Total Add III OS TA 11		Business Code				
Program Service Revenue	2								
Ze a		b			<u> </u>				
E S		c d							
P. G.		e							
ď		f	All other program service reve	enue					
		g	Total. Add lines 2a-2f		>				
	3		Investment income (including	dividends, intere	est, and	682.			682.
			other similar amounts)			002.			002.
	4 5		Income from investment of ta Royalties	x-exempt bond p	roceeds		-		
	5		noyames	(ı) Real	(II) Personal				
	6	а	Gross rents	W v is all	(///				
		b	Less: rental expenses				,		
		C	Rental income or (loss)						
		d	Net rental income or (loss)	r	<u> </u>	·····		·····	
	7	а	Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory Less, cost or other basis						
		D	and sales expenses						
		c	Gain or (loss)						
		d	Net gain or (loss)		>				
/enne	8	а	Gross income from fundraisin including \$	of					
Ŗ			contributions reported on line		243176.				
Other Reven		h	Part IV, line 18 Less: direct expenses	a b	161420.				
Ö			Net income or (loss) from fund	_		81,756.			81,756.
	9		Gross income from gaming ac						
			Part IV, line 19	а					
			Less: direct expenses	b	L				
			Net income or (loss) from gan		<u> </u>				
	10	а	Gross sales of inventory, less and allowances						
		h	Less: cost of goods sold	a b					
			Net income or (loss) from sale						
			Miscellaneous Revenu		Business Code		, and the second		
	11	а							1
		þ							
		C	411						
		d	All other revenue						<u> </u>
	12	e	Total. Add lines 11a-11d Total revenue. See instructions			106,168.	0.	0.	82,438.
1320 01-23									Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

30,77	olete columns (B), (C), and (D). Check if Schedule O contains a response	se to any question in this	s Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			······································	
	organizations in the United States See Part IV, line 21	47,045.	47,045.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
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,				
	trustees, and key employees				
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 section 403(b) employer contributions)				
9	Other employee benefits				<u> </u>
10	Payroll taxes				-
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Г	25.		25.	
12	Advertising and promotion	1,587.		1,587.	
13	Office expenses	1,307.		1,307.	
14	Information technology				
15	Royalties	772.		772.	
16	Occupancy	112.		112.	
17	Travel				
18	Payments of travel or entertainment expenses		1		
40	for any federal, state, or local public officials	130.		130.	
19 20	Conferences, conventions, and meetings Interest	130.		150	
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 0)				
а	STUDENT SCHOLORSHIPS GR	16,000.	16,000.		
b	MEMBER MEALS	15,025.		15,025.	
c	DISTRICT AND INTL DUES	6,051.	6,051.		
d	HALLOWEEN WINDOW PAINTI	2,939.	2,939.		
е	All other expenses	428.		428.	
25	Total functional expenses. Add lines 1 through 24e	90,002.	72,035.	17,967.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	İ			
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				

132010 01-23-12

253,703. 261,074. Form 990 (2011)

32

33

34

243,084.

297,115.

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

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.

X

3a

3ь

Act and OMB Circular A-133?

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE ROTARY CLUB OF DOWNERS GROVE

Employer identification number 36-2867580

Par	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the						
	organization answered "Yes" to Form 990, Part IV, lin-								
	· · · · · · · · · · · · · · · · · · ·	(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate contributions to (during year)								
3	Aggregate grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds						
	are the organization's property, subject to the organization's		Yes No						
6	Did the organization inform all grantees, donors, and donor a		sed only						
_	for charitable purposes and not for the benefit of the donor of								
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No						
Par		ganization answered "Yes" to Form 990, Pa							
1	Purpose(s) of conservation easements held by the organizat								
-	Preservation of land for public use (e.g., recreation or		orically important land area						
	Protection of natural habitat	Preservation of a certif	• •						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	f a conservation easement on the last						
	day of the tax year.								
	,		Held at the End of the Tax Year						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements		2b						
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c						
ď	Number of conservation easements included in (c) acquired								
_	listed in the National Register		2d						
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax								
•	year ►								
4	Number of states where property subject to conservation ea	sement is located >							
5	Does the organization have a written policy regarding the pe								
-	violations, and enforcement of the conservation easements		Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting,		ring the year						
7	Amount of expenses incurred in monitoring, inspecting, and		· · · · · · · · · · · · · · · · · · ·						
8	Does each conservation easement reported on line 2(d) abor								
	and section 170(h)(4)(B)(ii)?	, , ,	Yes No						
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense	statement, and balance sheet, and						
	include, if applicable, the text of the footnote to the organiza	· ·							
	conservation easements.								
Par	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Ot	her Similar Assets.						
	Complete if the organization answered "Yes" to Form								
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statem	ent and balance sheet works of art,						
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtheran	ice of public service, provide, in Part XIV,						
	the text of the footnote to its financial statements that descr	ibes these items.							
b	If the organization elected, as permitted under SFAS 116 (A)	SC 958), to report in its revenue statement	and balance sheet works of art, historical						
	treasures, or other similar assets held for public exhibition, e								
	relating to these items.	•							
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$						
	(ii) Assets included in Form 990, Part X		► \$ ► \$						
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial							
٠	the following amounts required to be reported under SFAS 1		-						
а	Revenues included in Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	▶ \$						
	Assets included in Form 990, Part X		► \$ ► \$						
-	•		· · · · · · · · · · · · · · · · · · ·						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

Part VII Investments - Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value	Page 3
(including name of security) (it) Financial derivatives (2) Closely-held equity interests (3) Other (A) MUTUAL FUNDS (B) (C) (D) (E) (F) (G) (H) (I) Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶ 60 , 014 . (a) Description of investment type (b) Book value Cost or end-of-year market value Cost or end-of-year market value Cost or end-of-year market value Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value	
(2) Closely-held equity interests (3) Other (A) MUTUAL FUNDS (B) (C) (D) (E) (F) (G) (H) (I) Total. (Col (b) must equal Form 990, Part X, col (B) line 12) (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value	
(3) Other (A) MUTUAL FUNDS (B) (C) (D) (E) (F) (G) (H) (I) Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶ 60,014. Part Viii Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value	
(A) MUTUAL FUNDS 60,014. END-OF-YEAR MARKET VALUE (B) (C) (D) (E) (F) (G) (H) (I) Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶ 60,014. Part Viii Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value	
(B) (C) (D) (E) (F) (G) (H) (I) Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶ 60 , 014 . [Part Viii Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value	
(C) (D) (E) (F) (G) (H) (I) Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶ 60 , 014 . Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value	
(D) (E) (F) (G) (H) (I) Total. (Col (b) must equal Form 990, Part X, col (B) line 12) Part Viii Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value	
(E) (F) (G) (H) (I) Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶ 60 , 014 . Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value	
(F) (G) (H) (I) Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶ 60, 014. Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value	
(G) (H) (I) Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶ 60 , 014 . Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of Investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value	
(H) (I) Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶ 60 , 014 . Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value	
(I) Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶ 60 , 014 . Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value	
Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value	
(a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value	
(a) Description of investment type (b) Book value Cost or end-of-year market value	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶	
Part IX Other Assets. See Form 990, Part X, line 15.	
(a) Description (b) Book vo	lue
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	_
(9)	
(10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	
Part X Other Liabilities. See Form 990, Part X, line 25.	
1. (a) Description of liability (b) Book value	
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's financial statements that reports the organization's financial statements.	•••••
2. FIN 48 (ASC 740) Potnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under	

01-23-12

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. ➤ See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Employer identification number

THE ROT	ARY CLUB OF I	OOWNERS G	ROV	E	36-2867	580
Part Fundraising Activities required to complete this par		ation answered "Y	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the	e f g or oral agreement with any art VII) or entity in connectividuals or entities (fundra	Solicitation of Solicitation of Special fundra y individual (includation with profession)	non-g gover Ising Jing o onal 1	overnment grants inment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fund have co	istody trol of	(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			
		-			**************************************	
Total 3 List all states in which the organization or licensing.	on is registered or licensed	d to solicit contrib	▶ ution:	s or has been notified	d it is exempt from re	egistration
HA Panenwork Reduction Act Notice	soo the Instructions for	Form 990 or 990			Schodulo C (For	n 000 or 000 E7\ 2011

	5 Other direct expenses				
	6 Volunteer labor	Yes % No	Yes % No	Yes % No	
	7 Direct expense summary. Add lines 2 through	5 ın column (d)		•	<u>()</u>
	8 Net gaming income summary. Combine line 1,	, column d, and line 7			
а	Enter the state(s) in which the organization operate is the organization licensed to operate gaming act if "No," explain:	tivities in each of these			Yes No
	a Were any of the organization's gaming licenses reto If "Yes," explain:	•	•	year?	Yes No
320	082 01-23-12			Schedule G (For	rm 990 or 990-EZ) 2011

<u>Sch</u>	edule G ₄ (Form 990 or 990-EZ) 2011 THE ROTARY CLUB OF DOWNERS GROVE 36-	286/580	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity operated in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
• •	Enter the flame and acceptance the percent who properties the organization organization of garming opposite orante organization.		
	Name ▶		
	Name		
	Address		
	Address		
4-			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	└── Yes	L No
Ь	olf "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 ▶ \$		
	Carming manager compensation > V		
	Description of services provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	•		
а	ls the organization required under state law to make charitable distributions from the gaming proceeds to		_
	retain the state gaming license?	Yes	L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and	l Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional informati	on (see instru	ctions)
			
		 	
1220	83 01.23.12 Schedule G (Fo	000 000	E7\ 2014

SCHEDULE I (Form 990)

nt of the In

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

		•
OMB No 1545-0047	2011	Open to Public

Department of the Treasury	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	Open to Public .
Internal Revenue Service	► Attach to Form 990.	Inspection
Name of the organization		Employer identification number
	THE ROTARY CLUB OF DOWNERS GROVE	36-286/580
Parti General I	Part 1 General Information on Grants and Assistance	
1 Does the organi	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to	criteria used to award the grants or assistance?	X Yes No
2 Describe in Part	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
Part II Grants an	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	1, for any
+ *************************************	recognish that recognised mare than \$5 000. Chack this has no as received mare than \$5,000. But it can be dualizated if additional enabled	A

1 (a) Name and address of organization or government or government (b) EIN (c) IRC section or government or government (c) IRC section (d) Amount of non-cash grant assistance (d) Method of (g) Description of valuation (book, non-cash assistance assistance other)	(a) EIN	(c) IRC section If applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, PMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROTARY INTERNATIONAL			15,749.	.0			POLIO ERIDICATION/CUSCO PROJECT/OTHER PROJECTS
ALLIANCE FOR SMILES			5,000.	.0			SPONSORSHIP OF DOWNERS GROVE ROTARIANS ON TRIP TO CHINA TO ASSIST IN DENTAL PROCEDURES.
2 Enter total number of section 501(c)(3) and government organizations	and government o	rganizations listed in the	listed in the line 1 table				•

3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

(f) Description of non-cash assistance. (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed SCHEDULE I, PART I, LINE 2: ALL POTENTIAL GRANT RECEIPTIANTS ARE RESEARCHED DISCUSSED BY FULL BOARD AND GRANTS ARE MADE ONLY WITH MAJORITY APPROVAL OF Part ?V Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. TO DETERMINE PROPRIETY OF MAKING GRANT, POTENTIAL GRANTS ARE REVIEWED AND (d) Amount of non-cash assistance (c) Amount of cash grant 21 (b) Number of recipients (a) Type of grant or assistance BOARD.

Schedule I (Form 990) (2011)

132102 01-27-12

Page 2

36-2867580

THE ROTARY CLUB OF DOWNERS GROVE

Schedule I (Form 990) (2011)

Part III

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 Open to Public Inspection

Name of the organization

Employer identification number

THE ROTARY CLUB OF DOWNERS GROVE 36-2867580 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: INTERNATIONAL CONTRIBUTIONS - CONTRIBUTIONS TO THE CUSCO PROJECT AND PAUL HARRIS FELLOWSHIP PROGRAM PROMOTE INTERNATIONAL GOODWILL AND ROTARY IDEALS. EXPENSES \$ 13,150. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. ALLIANCE FOR SMILES - CHINA - THE CLUB SPONSORED 2 DOWNERS GROVE ROTARIANS AS THEY TRAVELED TO CHINA TO ASSIST THE ALLIANCE FOR SMILES, WHICH IS AN ORGANIZATION THAT PROVIDES DENTAL ASISTANCE TO CHILDREN IN UNDERSERVED PROVINCES OF CHINA. EXPENSES \$ 5,000. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. HALLOWEEN WINDOW PAINTING - THE CLUB HAS SPONSORED THIS COMMUNITY TRADITION FOR OVER 40 YEARS. THE EVENT PROMOTES COMMUNITY GOODWILL. **EXPENSES \$ 2,939.** INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS TWO TYPES OF MEMBERS; ACTIVE AND HONORARY. TO BE AN ACTIVE VOTING MEMBER ONE MUST HAVE AN INTEREST IN THE MISSION OF THE ORGANIZATION AND MUST PAY THE PRESCRIBED DUES DETERMINED BY THE BOARD. HONORARY MEMBERS HAVE THE SAME RIGHTS AS ACTIVE MEMBERS EXCEPT THEY MAY NOT HOLD OFFICE OR VOTE. FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION HAS A NOMINATING COMMITTEE OF ACTIVE MEMBERS THAT ARE APPOINTED BY THE CLUB PRESIDENT WITH APPROVAL OF THE BOARD. THE NOMINATING COMMITTEE HAS THE DUTY TO NOMINATE FROM AMONG ACTIVE MEMBERSHIP SO MANY MEMBERS TO BE ELECTED AS THERE ARE

132211 01-23-12

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

Schedule O (Form 990 or 990-EZ) (2011)

Form **8868**

(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

III TOTAL					 _				
	filing for an Automatic 3-Month Extension, of filing for an Additional (Not Automatic) 3-Mo				this form).	▶ ☑			
•	mplete Part II unless you have already been o					n 8868.			
a corporation 8868 to receive Return for	filing (e-file). You can electronically file Form on required to file Form 990-T), or an addition quest an extension of time to file any of the transfers Associated With Certain Personals). For more details on the electronic filing of the	al (not auto forms listed I Benefit C	omatic) 3-month extension Part I or Part II wit Contracts, which must	ion of time. You ca h the exception of be sent to the IF	an electronica f Form 8870, RS in paper	ally file Form Information format (see			
Part I	<u> </u>								
A corporat	tion required to file Form 990-T and reque	sting an a	utomatic 6-month exte	ension-check this		•			
	orporations (including 1120-C filers), partnersh								
to file incor	me tax returns.								
	Name of exempt exemptation or other filer and	etructions	Er	ter filer's identifying Employer identifi	 				
Type or	Name of exempt organization or other filer, see in THE ROTARY CLUB OF DOWNERS GROVE	istructions		I —	36-2867580	(EIIV) Of			
-	Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)								
due date for	due date for P.O. BOX 256								
filing your return See	filing your City, town or post office, state, and ZIP code For a foreign address, see instructions								
instructions	DOWNERS GROVE, IL 60515								
Enter the R	leturn code for the return that this application	s for (file a	separate application fo	r each return) .		. 0 1			
Application	on	Return	Application			Return			
Is For		Code	Is For			Code			
Form 990 01 Form 990-T (corporation) 07									
Form 990-BL 02 Form 1041-A 08									
Form 990-EZ 01 Form 4720 09 Form 990-PF 04 Form 5227 10									
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069		•	11			
	-T (trust other than above)	06	Form 8870			12			
 The book 	s are in the care of ► JOE LEO			·					
• If this is for the who a list with the	anization does not have an office or place of bor a Group Return, enter the organization's foulle group, check this box ▶ □ . If the names and EINs of all members the extens	usiness in ir digit Gro it is for par ion is for.	the United States, chec up Exemption Number (t of the group, check th	(GEN)	. If th	▶ □			
until for t	quest an automatic 3-month (6 months for a collision of the exemple of the exempl					tension is			
▶	tax year beginning 7/1 e tax year entered in line 1 is for less than 12 r	, 20 nonths, ch	11 , and ending	6/30 eturn	, 20 urn				
	Change in accounting period				···				
	is application is for Form 990-BL, 990-PF, 990 refundable credits. See instructions.	O-T, 4720,	or 6069, enter the tenta	itive tax, less any	3a \$				
	nis application is for Form 990-PF, 990-T,								
	mated tax payments made. Include any prior y				3b \$				
	ance due. Subtract line 3b from line 3a. Includ PS (Electronic Federal Tax Payment System).			equirea, by using	3c \$				
	ou are going to make an electronic fund withdrawal			O and Form 8879-E0		instructions.			

Cat No 27916D