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

Part II

Balance Sheets

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

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(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	66,306	22	16,153
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	1,930	24	8,650
25	Total assets	68,236	25	24,803
26	Total liabilities (describe in Schedule O)	33,475	26	32,490
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	34,761	27	-7,687

Part III Statement of Program Service Accomplishments		Expenses	
Check if the organization used Schedule O to respond to any question in this Part III		<input checked="" type="checkbox"/>	
What is the organization's primary exempt purpose? THE MISSION OF THE ROTARY CLUB OF NAPERVILLE IS TO BE A LEADER IN PROVIDING SERVICE AND FINANCIAL ASSISTANCE TO WORTHY PROJECTS, YOUTH AND PEOPLE IN NEED LOCALLY, NATIONALLY, AND GLOBALLY IN A COLLABORATIVE MANNER THAT BUILDS FELLOWSHIP		(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	FELLOWSHIP EVENTS FOR APPROXIMATELY 145 MEMBERS WEEKLY MEETINGS TO DISCUSS HUMANITARIAN SERVICE PROJECTS , SCHOLARSHIPS, AND HIGH ETHICAL STANDARDS TO PROMOTE GOODWILL AND PEACE IN THE WORLD (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	132,836
29	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 (Grants \$ 55,834) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	55,834
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	188,670

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

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(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
See Additional Data Table				

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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
b	Section 501(c)(3) 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	No
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	No
41	List the states with which a copy of this return is filed ▶ IL		
42a	The organization's books are in care of ▶ ERIN O'DONNELL Telephone no ▶ (630) 637-8717 PO 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 .	42b	No
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 ▶	42c	No
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? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

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

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.

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school 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?		
49b	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 "

(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	***** Signature of officer	2012-12-06 Date		
	MARY LYNN HOFFER TREASURER Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	CHRISTINA KLEIN	Date 2012-12-19	Check if self-employed
	Firm's name (or yours if self-employed), address, and ZIP + 4	KLEIN HALL & ASSOCIATES LLC 3973 75TH STREET SUITE 102 AURORA, IL 60504		Preparer's taxpayer identification number (See instructions)
			EIN	Phone no (630) 898-6698

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

2011

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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 to provide any additional information.**
► Attach to Form 990 or 990-EZ.

Name of the organization
ROTARY CLUB OF NAPERVILLE

Employer identification number

36-6206608

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMTS PAID TO INDIVIDUALS	FORM 990-EZ, PART I, LINE 10	18,000 0 0
GRANTS AND SIMILAR AMTS PAID TO ORGANIZATIONS	FORM 990-EZ, PART I, LINE 10	ROTARY CLUB OF NAPERVILLE CHARITIES P O BOX 2 NAPERVILLE, IL 60566 37,834 0 0
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES SUPPLIES 1,969 CONVENTIONS 110 INSURANCE 198 MEMBERSHIP EVENTS 112,424 CLUB ADMINISTRATION 3,756 DUES & SUBSCRIPTIONS 19,278 TAXES, FEES, & PERMITS 11 BANK FEES 871 TOTAL 138,617
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 1,930 2,950 COMPUTER EQUIPMENT 2,709 2,709 LESS ACCUMULATED DEPRECIATION 2,709 2,709 DUE FROM NAPERVILLE ROTARY CHARITIES 0 5,700 TOTAL 1,930 8,650
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 6,221 4,577 SCHOLARSHIPS PAYABLE 22,820 22,820 DUE TO OTHER ORGANIZATIONS 4,434 2,129 DEFERRED REVENUE 0 2,964
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	THE MISSION OF THE ROTARY CLUB OF NAPERVILLE IS TO BE A LEADER IN PROVIDING SERVICE AND FINANCIAL ASSISTANCE TO WORTHY PROJECTS, YOUTH AND PEOPLE IN NEED LOCALLY, NATIONALLY, AND GLOBALLY IN A COLLABORATIVE MANNER THAT BUILDS FELLOWSHIP
FIRST ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 28	FELLOWSHIP EVENTS FOR APPROXIMATELY 145 MEMBERS WEEKLY MEETINGS TO DISCUSS HUMANITARIAN SERVICE PROJECTS, SCHOLARSHIPS, AND HIGH ETHICAL STANDARDS TO PROMOTE GOODWILL AND PEACE IN THE WORLD
SECOND ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 29	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

Additional Data

Software ID:

Software Version:

EIN: 36-6206608

Name: ROTARY CLUB OF NAPERVILLE



Form 990-EZ, Special Condition Description:

Special Condition Description

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

(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
BOB ESTVANDER PO BOX 2 NAPERVILLE,IL 60566	DIRECTOR 2 00	0		
SUN KWOK PO BOX 2 NAPERVILLE,IL 60566	PRESIDENT 3 00	0		
FRANK SLOCUMB PO BOX 2 NAPERVILLE,IL 60566	PRESIDENT-EL 3 00	0		
LIZ ZIENTY PO BOX 2 NAPERVILLE,IL 60566	VICE PRESIDE 2 00	0		
DONNA DZIEDZIC PO BOX 2 NAPERVILLE,IL 60566	SECRETARY 2 00	0		
CHARLES MCLIMANS PO BOX 2 NAPERVILLE,IL 60566	DIRECTOR 2 00	0		
HILARY DECENT PO BOX 2 NAPERVILLE,IL 60566	DIRECTOR 2 00	0		
RICH STOMPANATO PO BOX 2 NAPERVILLE,IL 60566	DIRECTOR 2 00	0		
RAQUEL LIGHTBORNE-COLEY PO BOX 2 NAPERVILLE,IL 60566	DIRECTOR 2 00	0		
JEFF FABRI PO BOX 2 NAPERVILLE,IL 60566	DIRECTOR 2 00	0		
NINA MENIS PO BOX 2 NAPERVILLE,IL 60566	DIRECTOR 2 00	0		
JOHN KNOBLOCH PO BOX 2 NAPERVILLE,IL 60566	DIRECTOR 2 00	0		
STEVE COATES PO BOX 2 NAPERVILLE,IL 60566	TREASURER 3 00	0		
JASON ALTENBERN PO BOX 2 NAPERVILLE,IL 60566	DIRECTOR 2 00	0		
CHUCK NEWMAN PO BOX 2 NAPERVILLE,IL 60566	DIRECTOR 2 00	0		

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

(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
BILL EPP  PO BOX 2 NAPERVILLE,IL 60566	DIRECTOR 2 00	0		
JOHN NORMAN  PO BOX 2 NAPERVILLE,IL 60566	DIRECTOR 2 00	0		

TY 2011 Compensation Explanation**Name:** ROTARY CLUB OF NAPERVILLE **EIN:** 36-6206608

Person Name	Explanation
BOB ESTVANDER	
SUN KWOK	
FRANK SLOCUMB	
LIZ ZIENTY	
DONNA DZIEDZIC	
CHARLES MCLIMANS	
HILARY DECENT	
RICH STOMPANATO	
RAQUEL LIGHTBORNECOLEY	
JEFF FABRI	
NINA MENIS	
JOHN KNOBLOCH	
STEVE COATES	
JASON ALTENBERN	
CHUCK NEWMAN	
BILL EPP	
JOHN NORMAN	