



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



2011

Open to Public
Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except 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 2011 calendar year, or tax year beginning 07-01-2011, and ending 06-30-2012

B Check if applicable

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

C Name of organization ROTARY CLUB OF NAPERVILLE	D Employer identification number 36-6206608
Number and street (or P O box, if mail is not delivered to street address) PO BOX 2	E Telephone number (630) 420-1360
City or town, state or country, and ZIP + 4 NAPERVILLE, IL 60566	F Group Exemption Number ►

G Accounting method Cash Accrual Other (specify) ► _____**H** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I** Website: ► WWW.NAPERVILLEROTARYCLUBEXPRESS.COM**J** Tax-Exempt status (check only one) 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527**K** Check if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ► \$ 160,848**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 300
	2 Program service revenue including government fees and contracts	2 55,318
	3 Membership dues and assessments	3 102,765
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 1,297
Expenses	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 1,164
	c Less direct expenses from gaming and fundraising events	6c 1,164
	d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d 1,297
	7a Gross sales of inventory, less returns and allowances	7a
	b Less cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 159,684
	10 Grants and similar amounts paid (list in Schedule O)	10 55,834
Net Assets	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 5,462
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 2,219
	16 Other expenses (describe in Schedule O)	16 138,617
	17 Total expenses. Add lines 10 through 16	17 202,132
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -42,448
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 34,761
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 -7,687

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

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

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

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 **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 **29a** 55,834

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** 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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation <i>(If not paid, enter -0-.)</i>	(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

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

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)

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)?

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

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

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 ► 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.**

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 ► 43 and enter the amount of tax-exempt interest received or accrued during the tax year

44a Did the organization maintain any donor advised funds? 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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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)*

	Yes	No
33		No
34		No
35a		No
35b		
35c		No
36		No
37b		No
38a		No
38b		
39a		
39b		
40b		No
40e		No
42b		No
42c		No
43		
44a		No
44b		No
44c		No
44d		
45a		No
45b		

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
46		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

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

	Yes	No
47		

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

48	
49a	

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

49b	
------------	--

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

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

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

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

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

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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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

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

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

2011**Open to Public
Inspection**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	