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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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.

OMB No 1545-1150

2011**Open to Public
Inspection****A** For the 2011 calendar year, or tax year beginning **JULY 1**, 2011, and ending **JUNE 30**, 2012**B** Check if applicable:

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

C Name of organization**GALESBURG ROTARY CLUB**

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

PO BOX 68

Room/suite

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

GALESBURG, IL 61402-0068**D** Employer identification number**37-6047500****E** Telephone number**(309) 343-5003****F** Group ExemptionNumber ► **573****G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ► **WWW.GALESBURGROTARY.ORG****J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☒ if the organization is not a section 509(a)(3) supporting organization 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. ► \$**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	688
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	39,135
	4	Investment income	4	-0-
	5a	Gross amount from sale of assets other than inventory	5a	-0-
	b	Less: cost or other basis and sales expenses	5b	-0-
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-0-
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	3,038
Expenses	b	Gross income from fundraising events (not including \$ 688 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	30
	c	Less: direct expenses from gaming and fundraising events	6c	(46)
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	3,022
	7a	Gross sales of inventory, less returns and allowances	7a	N/A
	b	Less: cost of goods sold	7b	N/A
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-0-
	8	Other revenue (describe in Schedule O)	8	2,991
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	45,836
	10	Grants and similar amounts paid (list in Schedule O)	10	-0-
	11	Benefits paid to or for members	11	22,826
	12	Salaries, other compensation, and employee benefits	12	-0-
	13	Professional fees and other payments to independent contractors	13	-0-
14	Occupancy, rent, utilities, and maintenance	14	-0-	
15	Printing, publications, postage, and shipping	15	1,440	
16	Other expenses (describe in Schedule O)	16	13,853	
17	Total expenses. Add lines 10 through 16	17	38,119	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,717
	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	20,678
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	8,347
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	20,048

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2011)

SCANNED DEC 12 2012

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

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	20,678	22 20,048
23	Land and buildings	-0-	23 -0-
24	Other assets (describe in Schedule O)	-0-	24 -0-
25	Total assets	20,678	25 20,048
26	Total liabilities (describe in Schedule O)	-0-	26 -0-
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	20,678	27 20,048

Part III	Statement of Program Service Accomplishments (see the instructions for Part III.)
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Check if the organization used Schedule O to respond to any question in this Part III . . . ☐

What is the organization's primary exempt purpose? **Humanitarian service locally and worldwide.**

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.

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

28 Contribute \$2-3,000 annually, working with Rotary International to fight polio worldwide. The club's donations are all voluntary contributions. Polio is nearly defeated worldwide.

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

28a	\$2-3,000pa
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29 International projects; e.g., water projects in Haiti and Tanzania (\$1,000 each); Jamaican Dental Mission and literary projects ; school books and library books sent to Philippine schools. It is estimated that thousands benefit from this work.

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

29a	\$2,000
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30 Local community projects; e.g., Reading is Fundamental (books distributed to grade school children); reading buddies program; scholastic bowl; Adopt-A-Highway; Rotary Park project. Costs vary; it is estimated that thousands benefit from this work.

(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	\$3,000+
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Part IV	List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
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Check if the organization used Schedule O to respond to any question in this Part IV ☒

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract 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	✓
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	✓
35a 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	✓
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	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a -0-	37b	✓
b Did the organization file Form 1120-POL for this year?	37b	✓
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	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
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	✓
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 ▶ -0-		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ -0-		
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	✓
41 List the states with which a copy of this return is filed. ▶ ILLINOIS		
42a The organization's books are in care of ▶ Thomas A. Brown, Treasurer Telephone no. ▶ 309 343-5003 Located at ▶ 1883 Cornelia Rd., Galesburg, IL ZIP + 4 ▶ 60401-1423		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	✓
If "Yes," enter the name of the foreign country: ▶ N/A 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 the U.S.?	42c	✓
If "Yes," enter the name of the foreign country: ▶ N/A		
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 N/A		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	✓
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	✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **46** ☐ Yes ☒ 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, and complete the tables for lines 50 and 51.

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

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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ Yes ☐ No

49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ Yes ☐ No

b If "Yes," was the related organization a section 527 organization? **49b** ☐ Yes ☐ No

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 **NONE**

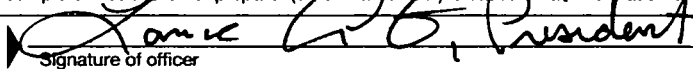
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 **NONE**

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  **Lance Aten, President** **11/14/12**
Signature of officer Date
Type or print name and title

Paid Preparer Use Only Print/Type preparer's name **N/A** Preparer's signature Date Check ☐ if self-employed PTIN
Firm's name ▶ Firm's EIN ▶
Firm's address ▶ Phone no ▶

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Galesburg Rotary Club, Galesburg, IL

Employer identification number

37-6047500

PART I, LINE 1. Contributions, gifts, grants and similar amounts received. \$688. Contributions derived from the club's "Happy Buck"

program. At each weekly meeting, those who wish to, share their good news (birth of a grandchild, a wedding anniversary, etc) and donate

to the club whatever amount they choose to donate. The money is used to join in Rotary's fight again polio worldwide.

PART I, LINE 3. Membership Dues and Assessments. \$39,135. Meal Cards (13 meals for \$113). \$11,074

Meals Paid in Cash 11,658

Dues Paid 15,903

Application Fees (\$50 per person) 500

Total \$39,135

PART I, LINE 4. Investment Income. \$22. Interest on Savings Account.

PART I, LINE 6d. Income from Gaming and Fund-raising Events. \$3,022.

Income from 50/50 Drawing \$2,992

Income from Sale of Rotary Decals. 30

PART I, LINE 8. Other Revenues. \$2,991. 50/50 Drawing on Hold. This is the sum total of accruals during the fiscal year, \$402 of which was

won during the year and \$2,589 of which was still payable at year-end to some future winner(s).

PART I, LINE 11. Benefits Paid to or for Members. \$22,826. Member/Guest Meals \$22,280

New Member Orientations 206

Rotary Leadership Institute (Training) 340

Total \$22,826

PART I, LINE 15. Printing, Postage, etc. \$1,440 Printing of Rotary Club Handbooks \$1,354

Annual USPO Box Rental 86

Name of the organization

Employer identification number

Galesburg Rotary Club , Galesburg, IL

37-6047500

PART I, LINE 16 Other Expenses \$13,853

Rotary International Dues \$5,930

District Dues 3,010

Awards 1,199 (Various awards to Rotary Members and Civic Leaders)

Club Internet Data Base 312

Rotary Foundation 1,200

Jamaican Dental Aid 147

Form 990 Filing Costs 27 (\$15 Filing Fee to Illinois; \$12 Postage Costs to IL and IRS)

Order for New Checks 50

Donations 509 (to Food Pantry,\$350; District Conference, \$119; Local High School, \$40)

50/50 Drawing Winner 402

Tickets for 50/50 Drawing 46

Coffee for Charity 336

Conversion of Club History to CDs 523

Support to International Visitors 162

TOTAL \$13,853**PART I, LINE 20. Other Changes in Assets or Fund Balances. \$8,347 Current FY Dues Prepaid in Previous Fiscal Year.****PART IV, List of Officers, Directors, etc. See Separate Page, Next.**

FORM 990-EZ PART IV – LIST OF OFFICERS, DIRECTORS, TRUSTEE AND KEY MEMBERS

STATEMENT 6

<u>NAME & ADDRESS</u>	<u>TITLE AND HRS/WEEK</u>	<u>COMPEN- SATION</u>	<u>BENEFITS PLAN</u>	<u>EXPENSE ACCOUNT</u>
MARV DAHLBERG GALESBURG, IL.	PRESIDENT 1.0	0.	0.	0.
LEE FARRAR GALESBURG, IL	PRESIDENT ELECT 1.0	0.	0.	0.
LAN ATEN GALESBURG, IL	VICE PRESIDENT 1.0	0.	0.	0.
CHARLES FARRAR GALESBURG, IL	SECRETARY 1.0	0.	0.	0.
THOMAS BROWN GALESBURG, IL	TREASURER 1.0	0.	0.	0.
RICHARD BROWN GALESBURG, IL	TRAVELOGUE CHAIR 1.0	0.	0.	0.
DENISE CONWAY GALESBURG, IL	TRAVELOGUE TREASURER 1.0	0.	0.	0.
DENNIS RENANDER GALESBURG, IL	CLUB SERVICE & ADMIN. 1.0	0.	0.	0.
MIKE WHITE GALESBURG, IL	COMMUNITY SERVICE DIR. 1.0	0.	0.	0.
DEREK ANTOINE GALESBURG, IL	YOUTH SERVICE DIRECTOR 1.0	0.	0.	0.
SHERRY FOSTER GALESBURG, IL	VOCATIONAL SVC. DIRECTOR 1.0	0.	0.	0.
BRUCE BARKLEY GALESBURG, IL	INTERNATIONAL SERVICE DIRECTOR 1.0	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		<u>0.</u>	<u>0.</u>	<u>0.</u>