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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)

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

OMB No 1545-0047 Open to Public Inspection

Α	For the	2012 calendar year, or tax year beginning J	UL 1, 2012 and	ending	<u>JUN 30,</u>	2013	}	
В	Check if applicable	C Name of organization			D Employe	er identifi	ication number	
	Addres	THE ROTARY CLUB OF DOW	NERS GROVE					
	Name change	Doing Business As				36-2	867580	
	Initial return Termin ated	Number and street (or P.O box if mail is not de P.O. BOX 256	livered to street address)	Room/suite	E Telepho		er -960-2305	
Ē	Amend	City, town, or post office, state, and ZiP cod	e		G Gross recei	ipts\$	237	,368.
	Application	DOWNERS GROVE, IL 605	15		H(a) Is this	a group r	eturn	
	pendin	F Name and address of principal officer:JOS	EPH A LEO		for affi	liates?	Yes	X No
_		SAME AS C ABOVE			H(b) Are all a	affiliates inc	cluded? Yes	☐ No
				or 52	7 If "No,	" attach a	a list. (see instruct	tions)
		e: ► DGROTARY.ORG					on number 🕨	
			ssociation Other	L Yea	r of formation	1961	M State of legal dor	nicile IL
P		Summary		110011D		T0.05		
Revende NELF Activities & Governance	1 1	Briefly describe the organization's mission or most IDEAL OF SERVICE AS A BAS	t significant activities: <u>TO E</u> IS OF WORTHY EN	TERPR	AGE AND ISE.	FOST	ER THE	
	2	Check this box 🕨 🔲 if the organization disco	ntinued its operations or dispo	sed of mo	re than 25% o	f its net a	șsets.	
\ \ \	3 1	Number of voting members of the governing body	(Part VI, line 1a)			3		16
୍ରିପ ଷ	4	Number of independent voting members of the go	verning body (Part VI, line 1b)			4		16
S	5	Total number of individuals employed in calendar :	year 2012 (Part V, line 2a)			5		0
ΞĒ	6	Total number of volunteers (estimate if necessary)				6		0
AC.	7 a -	Total unrelated business revenue from Part VIII, co	olumn (C), line 12			7a		0.
	ы	Net unrelated business taxable income from Form	990-T, line 34			7b		0.
Z				-	Prior Ye		Current Y	
Sel	8	Contributions and grants (Part VIII, line 1h)		_	23	<u>,730.</u>	24	,087.
(§	9	Program service revenue (Part VIII, line 2g)			0.		0.	
E)	10	Investment income (Part VIII, column (A), lines 3, 4	-	01	682. ,756.	26	118.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8d	· · · · · · · · · · · · · · · · · · ·	<u> </u>		$\frac{736.}{168.}$,184. ,389.
_		Total revenue - add lines 8 through 11 (must equal				, 100. , 045.		, 699.
	1	Grants and similar amounts paid (Part IX, column (47	0.	40	0.
	1	Benefits paid to or for members (Part IX, column (A		-		0.		0.
Expenses	180	Salaries, other compensation, employee benefits (Professional fundraising fees (Part IX, column (A),		-		0.		0.
ben		Total fundraising expenses (Part IX, column (A),	•	0.				
ŭ	17 6	Other expenses (Part IX, column (A), lines if 1a 11b			42	,957.	45	,463.
		Total expenses. Add lines 13-17 (must equal Part				,002.		,162.
		Revenue less expenses & ubtract line 18 from line				,166.		,773.
200	8			В	eginning of Cur		End of Ye	
sets	20	Total assets (Part X, line 16)	RS			,074.		,672.
Net Assets or	21	Total liabilities (Part X, line 26)	T.		7	,371.		,792.
S	22	Net assets or fund balances. Subtract line 21 from	-		253	,703.	234	,880.
P	art II	Signature Block						
Un	der pena	Ities of perjury, I declare that I have examined this return	, including accompanying schedule	es and state	ments, and to th	e best of m	ny knowledge and b	elief, it is
tru	e, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich prepare	er has any know	ledge		
						-28-	14	
Sig	gn	Signature of officer	_		Date	9		
He	re	JOSEPH A LEO, TREASURE	R					
_		Type or print name and title	<u> </u>	1	Date	Charle [PTIN	
D-1		Print/Type preparer's name	Preparer's signature		Date	Check L		
Pai	ŀ	Eirm's same b	L		T _F	self-employ	yed	
	e Only	Firm's name				n's EIN ▶		
U 01	0 01119	Firm's address			Dha	ne no		
M	av the IC	RS discuss this return with the preparer shown abo	ove? (see instructions)		I Filly	ing iiu	X Yes	☐ No
	2001 12-10			ons.				90 (2012)
								· - \/

Form	990 (2012) THE ROTARY CLUB OF DOWNERS GROVE	36-2867580 Page 2
	t 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
	ENTERPRISE:	
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 X No
	If "Yes," describe these changes on Schedule O.	magnized by expanse
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 are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 14,000 • including grants of \$) (Reven	
		J COMMONITY
		
		· · · · · · · · · · · · · · · · · · ·
4b	6.817	
40	(Code) (Expenses \$ 0,017. including grants of \$) (Reven DISTRICT AND INTERNATIONAL DUES - THE CLUBS DUES ARE US.	
		LY AND
	INTERNATIONALLY.	
		·
4c	(Code) (Expenses \$32,364. including grants of \$32,364.) (Reven	
	COMMUNITY GOODWILL AND ROTARY IDEALS.	
		
4d	Other program services (Describe in Schedule O.)	
- u	(Expenses \$ 12,341. including grants of \$ 8,335.) (Revenue \$	<u></u>
4е	Total program service expenses ► 65,522.	Ear. 000 (004)
	(Expenses \$ 14,000. including prints of \$) (Personnes \$) (Pers	

Pa	t W Checklist of Required Schedules			
			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	ļ	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	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	<u> </u>		
•	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,			
	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			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			1
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
C	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	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		X
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			l
	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 and XII	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 and XII is optional	12b	<u> </u>	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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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			l <u>.</u> .
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			l
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		,,	1
	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,"			v
-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь	L	

			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		Х
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		X
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			
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	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			
	instructions for applicable filing thresholds, conditions, and exceptions):			
a		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
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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		
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 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

orm	990 (2012) THE ROTARY CLUB OF DOWNERS GROVE		36-2867	<u> 580</u>	Pa	age {
Par	Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response to any question in this Part V					
•					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		1	
b	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 re-	eportable ga	ming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority ove	r, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?		4a		X
b	If "Yes," enter the name of the foreign country: ►				1	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accounts.				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization	on solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts				
	were not tax deductible?		,	6Ь		
	Organizations that may receive deductible contributions under section 170(c).	_		_		v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided	I to the payor?	7a		X
	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 was	as required		_]	v
	to file Form 8282?	L I		7c		X
	If "Yes," Indicate the number of Forms 8282 filed during the year	7d		. .	1	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		-	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contributes of qualified intellectual property, did the property of the Experimental property.		rogurod?	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		r	7g 7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di		r			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		1	8	Ì	
	Sponsoring organizations maintaining donor advised funds.	uny timo uum	g the year			• •••••
	Did the organization make any taxable distributions under section 4966?			9a	Ì	
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter:		•			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	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				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.					<u></u>
а	Is the organization licensed to issue qualified health plans in more than one state?		ſ	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the			Ì		i

Form **990** (2012)

14a

14b

X

13b

organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

c Enter the amount of reserves on hand

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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16			
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_		X
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	X	<u> </u>
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	
þ	Each committee with authority to act on behalf of the governing body?	8b	_X_	<u> </u>
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.)			<u> </u>
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40		х
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
Ь	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	40-		
42	In Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	14		$\frac{x}{x}$
14 15	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		
IJ	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	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).			
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		х
ь	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		
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) a	vallab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finar	icial	
	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	ion: 🕨		
	JOSEPH A LEO - 630-990-1110			
23200	P.O. BOX 256, DOWNERS GROVE, IL 60515			
12-10-	- - 12	Form	990	(2012)

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.

(A)	(B)		(C) Position			1		(D)	(E) Reportable	(F) Estimated
Name and Title	Average hours per week	(do not check more than one box, unless person is both an officer and a director/trustee)			than is bot	h an	Reportable compensation from	compensation from related	amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	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) KENT EBERSOLD	4.00	ļ							_	_
PRESIDENT		X		X		<u> </u>		0.	0.	0
(2) LISA RASIN	3.00							_	_	_
PRESIDENT ELECT		X		Х		<u>L</u>		0.	0.	0
(3) JOHN HINDE	3.00							_	_	_
SECRETARY		X		X	_			0.	0.	0
(4) JOSEPH LEO	3.00	J		U				0.	0.	0
TREASURER		X	├	X		-	\vdash	<u> </u>	· ·	
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Form 990 (2012)

Form 990 (2012)	THE ROTA									36-28	<u> 367</u>	<u> 580</u>	P	age 8
Part VII Section A. Office	cers, Directors, Trus		ploy	rees			ghe	st C						
(A)		(B)			Pos	C) Ition	,		(D)	(E)		_	(F)	
Name and	title	Average hours per		not c	heck	more	than		Reportable compensation	Reportable compensatio			timate 10unt	
		week			ss pe				from	from related	- 1		other	O,
		(list any	ફ					Г	the	organization			pensa	ition
		hours for	g G				줥		organization	(W-2/1099-MIS	3C)		om th	
		related	98 124	aggregate			See		(W-2/1099-MISC)			_	anızat	
		organizations below	ם	jaga		ekolo	15 8 15 8						d relat anizati	
		line)	Individual trustee or director	Institutional trustee	JE CE	Key employee	Highest compensated employee	ome.				Olya	ııızaıı	Oils
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dh Cub total		1	l .	l	l			<u> </u>	0.		0.			0.
1 b Sub-total c Total from continuati	ion cheets to Part V	Il Section A							0.		0.		-	0.
d Total (add lines 1b ar		ii, oection A					•		0.		0.			0.
		ot limited to th	ose	liste	ed al	bove	e) wi	no r	eceived more than \$100	,000 of reportabl	е			
compensation from th	e organization													0
											г		Yes	No
_	•			e, ke	ey en	nplo	yee	, or	highest compensated e	mployee on				Х
line 1a? If "Yes," comp 4 For any individual liste				nmn	enec	ation	an/	d ot	her compensation from	the organization	ŀ	3		
and related organization										ino organization		4		Х
	•								ted organization or indiv	dual for services	ľ			
rendered to the organ	zation? If "Yes, " con	plete Schedul	e J f	or s	uch	pers	son					5		Х
Section B. Independent C					_									
·									that received more than		pensa	ation f	rom	
the organization. Repo	(A)	the calendar y	ear	endi	ng v	VILII	Or W	1	n the organization's tax (B)	year.		(0	 :1	
	Name and business	address	NO	INC	E_				Description of s	ervices	C	ompei		n
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			_			_								
			ot III	mite	d to		_	stec	d above) who received n	nore than				
\$100,000 of compens	sation from the organ	zation 🟲					<u>) </u>],				

232008 12-10-12

Form **990** (2012)

36-2867580 THE ROTARY CLUB OF DOWNERS GROVE Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D) Revenue excluded from tax under (B) (C) Total revenue Related or Unrelated exempt function business sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 24,087. 1b b Membership dues 1c c Fundraising events 1d d Related organizations Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ 24,087. h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 118. 118. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See a 213, 163 Part IV, line 18 ь 186,979. **b** Less: direct expenses ... 26,184. 26,184. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a d All other revenue

> 26,302. Form 990 (2012)

50,389.

232009 12-10-12

Total. Add lines 11a-11d

Total revenue. See instructions

	Turi Otatoment of Famous Expense				
Secti	on 501(c)(3) and 501(c)(4) organizations must con			mplete column (A).	
	Check if Schedule O contains a respon	nse to any question in th	is Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and			į	
	organizations in the United States See Part IV, line 21	40,699.	40,699.		
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		<u> </u>		
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	-			
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
ť	Investment management fees				•
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0)				
12	Advertising and promotion	264.		264.	
13	Office expenses	795.		795.	
14	Information technology				
15	Royalties				
16	Occupancy	720.	_	720.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	868.		868.	
20	Interest				
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 O)				
а	MEMBER MEALS	17,528.	·	17,528.	
ь	STUDENT SCHOLORSHIPS GR	14,000.	14,000.		
c	DISTRICT AND INTL DUES	6,817.	6,817.		
d	HALLOWEEN WINDOW PAINTI	4,006.	4,006.		
е	All other expenses	465.		465.	
25	Total functional expenses. Add lines 1 through 24e	86,162.	65,522.	20,640.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X ·	Balance Sheet			
	Check if Schedule O contains a response to any question in the			
•		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	110,320.		185,110
2	Savings and temporary cash investments	40,100.	2	40,160
3	Pledges and grants receivable, net	•	3	
4	Accounts receivable, net	50,640.	4	33,380
5	Loans and other receivables from current and former officers,	directors,		
	trustees, key employees, and highest compensated employees	s. Complete		
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (a	s defined under		
	section 4958(f)(1)), persons described in section 4958(c)(3)(B),			
	employers and sponsoring organizations of section 501(c)(9) ve			
	employees' beneficiary organizations (see instr). Complete Par		6	
3 7	Notes and loans receivable, net		7	
7 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a				
	basis. Complete Part VI of Schedule D 10a			
Ь	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	60,014.	12	77,022
13	Investments - program-related. See Part IV, line 11		13	· · · · · · · · · · · · · · · · · · ·
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	261,074.	16	335,672
17	Accounts payable and accrued expenses	7,371.	17	100,792
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	· · · · · · · · · · · · · · · · · ·
21	Escrow or custodial account liability. Complete Part IV of Sche	dule D	21	
22	Loans and other payables to current and former officers, direct	tors, trustees,		
21 22	key employees, highest compensated employees, and disqual	fied persons.		
5	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third partie	es	23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to relate	ed third		
	parties, and other liabilities not included on lines 17-24). Comp	lete Part X of		
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	7,371.	26	100,792
	Organizations that follow SFAS 117 (ASC 958), check here	► X and		
ß	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	253,703.	27	234,880
28	Temporarily restricted net assets		28	. <u> </u>
29	Permanently restricted net assets		29	
ē	Organizations that do not follow SFAS 117 (ASC 958), chec	k here ▶ 🔲		
5	and complete lines 30 through 34.			
g 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other		32	
ž 33	Total net assets or fund balances	253,703.	-	234,880
34	Total liabilities and net assets/fund balances	261,074.	34	335,672

Form **990** (2012)

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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2c

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Act and OMB Circular A-133?

кнючью (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.

2012
Open to Public Inspection

Name of the organization

THE ROTARY CLUB OF DOWNERS GROVE

Employer identification number

Da	THE RUTARI CLUB OF		Accounts Complete if the
Pa			Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e b. (a) Donor advised funds	(b) Funds and other accounts
		(a) Donor advised lunds	(b) runus 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		
	are the organization's property, subject to the organization's		└─ Yes └─ No
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	
	Impermissible private benefit?		Yes No
Pa			IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of 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
Ь	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	• •	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register	•	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	panization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per	• •	
_	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		•
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(n)(4	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	organization's accounting for
0-	conservation easements. **III Organizations Maintaining Collections o	f Art Historical Treasures or Otho	r Similar Assats
ra	Complete if the organization answered "Yes" to Form		a Ollillai Assets.
	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art
ıa	historical treasures, or other similar assets held for public ext	•	
	the text of the footnote to its financial statements that descri		of public service, provide, in Part Alli,
_	If the organization elected, as permitted under SFAS 116 (AS		t balance cheet works of art, historical
Þ	treasures, or other similar assets held for public exhibition, e	•	
	relating to these items:	ducation, of research in furtherance of public	service, provide the following amounts
	•		▶ ¢
	(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		► \$ ► \$
9	If the organization received or held works of art, historical tre	geuree, or other similar assets for financial as	
2	the following amounts required to be reported under SFAS 1	_	iii, pionad
	Revenues included in Form 990, Part VIII, line 1	TO VICO 900) Totaling to tribad fields.	> \$
a	Assets included in Form 990, Part X	·	▶ \$
D	Associa michago in Form 330, Fall A		- Ψ

Schedule D (Form 990) 2012

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

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,

OMB No 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

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.

Inspection

Name of the organization	RY CLUB OF DOWNER	פ כ	D(\\\\	F		Employer ide 36-2867	ntification number
Part Fundraising Activities.	complete if the organization answer				ne 17		
required to complete this part. 1 Indicate whether the organization raised a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, Part b If "Yes," list the ten highest paid individed compensated at least \$5,000 by the organization have a written or several part of the part o	e Solicita f Solicita g Special oral agreement with any individua VII) or entity in connection with p duals or entities (fundraisers) pure	tion of tion of fundra (includation	non-g gover Ising o Ing o onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	istody trol of	(iv) Gross receipts from activity	to (o	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
		ļ					
						· · · - · · -	
		ļ					
		1					
Total 3 List all states in which the organization or licensing.	is registered or licensed to solicit	contrib	utions	s or has been notified	t it is	exempt from re	egistration
						_	
LHA Paperwork Reduction Act Notice, se	e the Instructions for Form 990	or 990	-EZ.		9	chedule G (For	n 990 or 990-EZ) 2012

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through GROVEFEST col. (c)) (event type) (event type) (total number) 213,163. 213,163. Gross receipts Less: Contributions 213,163. 213,163. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 115,577. 115,577. Rent/facility costs 12,111. 12,111. 7 Food and beverages 28,544. 28,544. Entertainment 30,747. 30,747. Other direct expenses 186,979 10 Direct expense summary. Add lines 4 through 9 in column (d) 26,184. Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming Revenue (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: Yes a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: Yes 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: _ Schedule G (Form 990 or 990-EZ) 2012

232082 01-07-13

Schedule G (Form 990 or 990-EZ) 2012 THE ROTARY CLUB OF DOWNERS GROVE	36-2867580 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 for	ned
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a <u>%</u>
b An outside facility	13b
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	d records:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenu	e? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	ie 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 > \$	
Description of services provided ▶	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
	Yes No
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or	
organization's own exempt activities during the tax year > \$	Speik in the
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2	b. columns (iii) and (v), and Part III.
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any addition	
<u> </u>	

Complete if the organization answered "Yes" to Form 990 Part IV line 21 or 22 Governments, and Individuals in the United States Grants and Other Assistance to Organizations, SCHEDULE I (Form 990)

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20	7
S	C

Department of the Treasury Internal Revenue Service			► Attach to Form 990.	n 990.	iii 990, raitir, iiid 21 01 22.		nother to Fubin	ton
Name of the organization THE ROTARY CLUB OF	Y CLUB OF	DOWNERS	GROVE				Employer identification number 36-2867580	number 7580
Part i General Information on Grants and Assistance	nd Assistance							
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 	to substantiate the stance?	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection e of grant funds in the United States.	tion X Yes	2
2	Governments and \$5,000. Part II can	l Organizations in the be duplicated if addit	e United States. C	complete if the organised.	anization answered "\	ons in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any ed if additional space is needed.	IV, line 21, for any	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	ant
ROTARY INTERNATIONAL			7,928.	0.0			POLIO ERIDICATION/CUSCO PROJECT/OTHER PROJECTS	CUSCO
ALLIANCE FOR SMILES			3,660.	0			SPONSORSHIP OF DOWNERS GROVE ROTARIANS ON TRIP TO CHINA TO ASSIST IN DENTAL PROCEDURES.	NERS TRIP IN
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations listed in the line 1 table	ind government org	lons	listed in the line 1 table	:			▲ ▲	
۱,	, see the Instructi	ons for Form 990.			:		Schedule I (Form 990) (2012)	90) (2012)

36-2867580

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the	de the informatio	n required in Part I,	line 2, Part III, colum	information required in Part I, line 2, Part III, column (b), and any other additional information.	ormation.
SCHEDULE I, PART I, LINE 2: ALL PO	ALL POTENTIAL	GRANT RECEIPTIANTS		ARE RESEARCHED	
TO DETERMINE PROPRIETY OF MAKING GRANT,	RANT, PO	TENTIAL GR	ANTS ARE R	POTENTIAL GRANTS ARE REVIEWED AND	
DISCUSSED BY FULL BOARD AND GRANTS AR	ARE MAD	E ONLY WIT	H MAJORITY	E MADE ONLY WITH MAJORITY APPROVAL OF	
BOARD.					

Schedule I (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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

Internal Revenue Service Name of the organization

Employer identification number

THE ROTARY CLUB OF DOWNERS GROVE 36-2867580 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: INTERNATIOANL CONTRIBUTIONS - CONTRIBUTIONS TO THE CUSCO PROJECT, PAUL HARRIS FELLOWSHIP PROGRAM AND THE ZIMBABWE IRRIGATION PROJECT PROMOTE INTERNATIONAL GOODWILL AND ROTARY IDEALS. INCLUDING GRANTS OF \$ 4,675. REVENUE \$ 0. EXPENSES \$4,675. ALLIANCE FOR SMILES - CHINA - THE CLUB SPONSORED A DOWNERS GROVE ROTARIAN AS HE TRAVELED TO CHINA TO ASSIST THE ALLIANCE FOR SMILES, WHICH IS AN ORGANIZATION THAT PROVIDES DENTAL ASSISTANCE TO CHILDREN IN UNDERSERVED PROVINCES OF CHINA. EXPENSES \$ 3,660. INCLUDING GRANTS OF \$ 3,660. REVENUE \$ 0. HALLOWEEN WINDOW PAINTING - THE CLUB HAS SPONSORED THIS COMMUNITY TRADITION FOR OVER 40 YEARS. THE ENVENT PROMOTES COMMUNITY GOODWILL. EXPENSES \$ 4,006. 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)

232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization THE ROTARY CLUB OF DOWNERS GROVE	Employer identification number 36-2867580
BOARD VACANCIES. A BALLOT IS MADE AVAILABLE TO ALL ACTIVE	MEMBERS FOR THE
ELECTION. THOSE CANIDDATES POLLING THE HIGHEST VOTES WIL	L BE DECLARED THE
WINNER FOR EACH VACANCY.	
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PRITIES TREASURER AND REVIEWED BY THE PRESIDENT.	EPARED BY THE
FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE NOT	AVAILABLE TO THE
PUBLIC.	
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Form **8868**

(Rev. January 2013)

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

• If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box)	X
	re filing for an Additional (Not Automatic) 3-Month Ex			this form).		
•	implete Part II unless you have already been granted a			-		
	c filing (e-file). You can electronically file Form 8868 if y					poration
	o file Form 990-T), or an additional (not automatic) 3-moi					
	file any of the forms listed in Part I or Part II with the exc					
	Benefit Contracts, which must be sent to the IRS in pap	•				
			(See Manuchons). For more details of	און נווס סוסנ	stronic ming or this	101111,
Part I	irs gov/efile and click on e-file for Charities & Nonprofits Automatic 3 Month Extension of Time					
	<u> </u>				1)	
•	tion required to file Form 990-T and requesting an autor	nauc o-mo	onth extension - check this box and t	complete		
Part I only						
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	iiCs, and ti	rusts must use Form 7004 to reques	it an exter	ision of time	
	T					
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification nun	nber (EIN) or
print	THE DOWNER OF DOUBLEDS	anom	_		26 20675	00
THE ROTARY CLUB OF DOWNERS GROVE 36-286758						80
due date for filling your return See P.O. BOX 256						N)
instructions	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.			
	DOWNERS GROVE, IL 60515	•				
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 1
	.,	•				
Applicati	on	Return	Application			Return
ls For		Code	Is For			Code
	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
Form 4720 (Individual) 03 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
	JOSEPH A LEO	1				
• The bo		DOWNI	ERS GROVE, IL 6051	5		
Teleph	one No. ► 630-990-1110		FAX No. ► 630-990-11			
-	organization does not have an office or place of business	e in the l la				• 🗆
	s for a Group Return, enter the organization's four digit			f thie ie fo	r the whole group	check this
box ► [. If it is for part of the group, check this box	-				
	quest an automatic 3-month (6 months for a corporation				ers the extension	15 101.
1 116	FEBRUARY 15, 2014, to file the exemp				The extension	
	or the organization's return for:	it Organiza	tion return for the organization name	o above.	IIIG EXTENSION	
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	Z tax year beginning JUL 1, 2012		dending JUN 30, 2013			
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0 16.41	a tay year antarad in line 1 is far less than 10 months.	haak raas	on: Initial return	Final retur	_	
2 If th	te tax year entered in line 1 is for less than 12 months, c	neck reas	on: initial return	rınaı retur	rı.	
L	_ Change in accounting period					
0- 17::		0000		1	<u></u>	
	is application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any	_		Λ
	refundable credits. See instructions.			3a	\$	0.
	is application is for Form 990-PF, 990-T, 4720, or 6069,				_	^
	mated tax payments made. Include any prior year overp	_		Зь	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa	•	·		_	^
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
	If you are going to make an electronic fund withdrawal v			orm 8879-		
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instri	uctions.		Form 8868 (I	Rev. 1-2013)