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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 ☒

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (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	16,153	22	31,328
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	8,650	24	1,233
25 Total assets	24,803	25	32,561
26 Total liabilities (describe in Schedule O)	32,490	26	29,001
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-7,687	27	3,560

Part III

Statement of Program Service Accomplishments

(see the instructions for Part III)

Check 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 including weekly meetings to discuss humanitarian service projects, scholarships and high ethical standards to promote goodwill
(Grants \$ 0) If this amount includes foreign grants, check here

28a110,456

29 Provide scholarships for students in the Naperville area based on academics and community service. Make contributions to charities in and around Naperville
(Grants \$ 18,548) If this amount includes foreign grants, check here

29a19,854

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)

32130,310

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Form 990-EZ (2012)

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	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
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	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a 0		
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	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed <input type="checkbox"/> IL		
42a	The organization's books are in care of <input type="checkbox"/> Ern O'Donnell Telephone no <input type="checkbox"/> (630) 637-8717 Located at <input type="checkbox"/> PO Box 2 Naperville, IL ZIP + 4 <input type="checkbox"/> 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 <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/>	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i>	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

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

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 ☐

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . .		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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

f	Total number of other employees paid over \$100,000	▶	
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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.	▶	
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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	▶	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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	*****	2014-02-04
	Signature of officer	Date
Paid Preparer Use Only	Mary Lynn Hoffer Treasurer	
	Type or print name and title	
	Print/Type preparer's name	Preparer's signature Hugh J Ahern CPA
	Date 2014-02-04	Check <input type="checkbox"/> if self-employed PTIN P00010788
	Firm's name ▶ Desmond & Ahern Ltd	Firm's EIN ▶ 36-3321958
	Firm's address ▶ 10827 S Wetern Avenue Chicago, IL 60643	Phone no (773) 779-4720

May the IRS discuss this return with the preparer shown above? See instructions	▶	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Additional Data

Software ID:
Software Version:
EIN: 36-6206608
Name: Rotary Club of Naperville

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

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Frank Slocumb President	2 00	0	0	0
Liz Zienty President Elect	2 00	0	0	0
Chuck McLimans President-Nominee	2 00	0	0	0
Mary Lynn Hoffer Treasurer	2 00	0	0	0
Christine Jeffries Secretary	2 00	0	0	0
Hilary Decent Director	2 00	0	0	0
Jason Altenbern Director	2 00	0	0	0
Mike Squire Director	2 00	0	0	0
Bill Epp Director	2 00	0	0	0
John Norman Director	2 00	0	0	0
Gerry Cassioppi Director	2 00	0	0	0
John Gallagher Director	2 00	0	0	0

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.

2012

**Open to Public
Inspection**

Name of the organization
Rotary Club of Naperville

Employer identification number

36-6206608

Identifier	Return Reference	Explanation
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Scholarships Grantee Name Individuals Date of Gift 06/06/13 Amount Given 18,000
Other Expenses	Form 990-EZ, Part I, Line 16	Description Meetings and events Amount 72,327 Description Dues Amount 17,864 Description Committee Activities Amount 8,933 Description Administration Amount 3,485 Description Awards Amount 2,008 Description Scholarship breakfast Amount 2,228 Description District Governor expenses Amount 1,294 Description Foundation Committee Amount 1,600 Description Vocational Service Committee Amount 1,306 Description International Service Committee Amount 750 Description Supplies Amount 1,286 Description Membership Amount 762 Description Miscellaneous administration Amount 668 Description Insurance Amount 198 Description Miscellaneous fees Amount 325 Total to Form 990-EZ, line 16 115,034
Other Changes in Net Assets	Form 990-EZ, Part I, Line 20	Description Reclassify unawarded scholarships to reserved net assets Amount 4,820
Other Assets	Form 990-EZ, Part II, Line 24	Description Accounts Receivable Beg of Year Amount 2,950 End of Year Amount 1,193 Description Due from Naperville Rotary Charities Beg of Year Amount 5,700 End of Year Amount 0 Description Due from members Beg of Year Amount 0 End of Year Amount 40
Other Liabilities	Form 990-EZ, Part II, Line 26	Description Accounts Payable Beg of Year Amount 4,577 End of Year Amount 0 Description Scholarships payable Beg of Year Amount 22,820 End of Year Amount 19,000 Description Due to other organizations Beg of Year Amount 2,129 End of Year Amount 7,401 Description Deferred revenue Beg of Year Amount 2,964 End of Year Amount 2,600

TY 2012 Transfers Personal Benefits Contracts Declaration

Name: Rotary Club of Naperville

EIN: 36-6206608

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.