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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2012**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2012 calendar year, or tax year beginning July 1, 2012, and ending June 30, 2013**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 Exemption Number

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 ☒

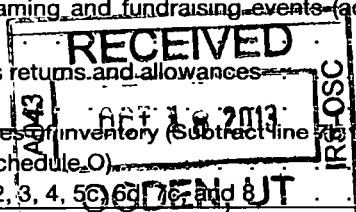
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	807
	2	Program service revenue including government fees and contracts	2	-0-
	3	Membership dues and assessments	3	35,754
	4	Investment income	4	-0-
	5a	Gross amount from sale of assets other than inventory	5a	-0-
	b	Less: cost or 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	7,034
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	-0-	
c	Less: direct expenses from gaming and fundraising events	6c	3,517	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	3,517	
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	12,304	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	52,382	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	-0-
	11	Benefits paid to or for members	11	23,143
	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	1,901
	16	Other expenses (describe in Schedule O)	16	25,621
	17	Total expenses. Add lines 10 through 16	17	50,665
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,717
	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	20,048
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-0-
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	21,765

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2012)

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GALESBURG ROTARY CLUB
GALESBURG, IL 61402-0068**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	20,048	21,765
23 Land and buildings	- 0 -	- 0 -
24 Other assets (describe in Schedule O)	- 0 -	- 0 -
25 Total assets	20,048	21,765
26 Total liabilities (describe in Schedule O)	- 0 -	- 0 -
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	20,048	21,765

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? HUMANITARIAN SVC'S 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 \$2K-\$3K ANNUALLY WORKING WITH ROTARY INT'L TO FIGHT POLIO. DONATIONS ARE VOLUNTARY. POLIO IS NEARLY DEFEATED WORLDWIDE. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	\$2000-\$3000 PA
29	INT'L PROJECTS: WATER PROJECTS IN VARIOUS UNDERDEVELOPED COUNTRIES. DENTAL MISSIONS & LITERARY PROJECTS; SCHOOL BOOKS & LIBRARY BOOKS. IT IS ESTIMATED THAT THOUSANDS BENEFIT. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	+\$2,000
30	LOCAL COMMUNITY PROJECTS: READING IS FUNDAMENTAL (BOOKS TO GRADE SCHOOL CHILDREN); READING BUDDIES; SCHOLASTIC BOWL; ADOPT A HIGHWAY; ROTARY PARK PROTECT. THOUSANDS BENEFIT. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	+\$4,000
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	-
32	Total program service expenses (add lines 28a through 31a)	32	\$5,000-\$9,000

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 <u>ESTIMATED</u>	(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
LANCE ATEN PRESIDENT	5-6	- 0 -	- 0 -	- 0 -
LEE FARRAR PRESIDENT ELECT	4-6	- 0 -	- 0 -	- 0 -
MARTIN MCGEE VICE PRESIDENT	4-6	- 0 -	- 0 -	- 0 -
DENNIS RENANDER SECRETARY	4-6	- 0 -	- 0 -	- 0 -
THOMAS BROWN TREASURER	4-6	- 0 -	- 0 -	- 0 -
DENISE CONWAY TRAVSLOGUE TREASURER	4-6	- 0 -	- 0 -	- 0 -
MARGO DAVILA COMMUNITY SERVICE	2-3	- 0 -	- 0 -	- 0 -
SHERRY FOSTER VOCATIONAL SERVICE	2-3	- 0 -	- 0 -	- 0 -
KEVIN BALL TRAVSLOGUE CHAIR	2-3	- 0 -	- 0 -	- 0 -
BRUCE BARKLEY INTERNATIONAL SERVICE	1-2	- 0 -	- 0 -	- 0 -
LOUISE WOLF YOUTH SERVICE	1-2	- 0 -	- 0 -	- 0 -
MARVIN DAHLBERG PAST PRESIDENT	1.0	- 0 -	- 0 -	- 0 -

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	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	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
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	✓
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 Telephone no. ▶ (309) 343-5003 Located at ▶ 1883 Cornelia Road, Galesburg, IL ZIP + 4 ▶ 61401-1423		
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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	✓
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: ▶	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input 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	✓
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	✓

GALESBURG ROTARY CLUB
GALESBURG, IL 61402-0068

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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		✓

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 ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		✓

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

48		✓
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		✓
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b If "Yes," was the related organization a section 527 organization?

49b		✓
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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
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		

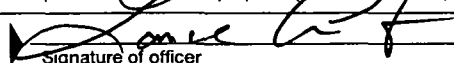
d Total number of other independent contractors each receiving over \$100,000 NONE

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


Signature of officer

10/8/13
Date

Lance Aten, President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN		Phone no.	
Firm's address				

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

Form 990-EZ (2012)

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

GALESBURG ROTARY CLUB; GALESBURG, IL 61402-0068

Employer identification number

37-6047500

FORM 990 EZ for tax year July 1, 2012 thru June 30, 2013

PART 1, LINE 3	Meal Cards	\$8,814
	Meals Paid in Cash	11,539
	Dues Paid	15,101
	Application Fees	<u>300</u>
	990 EZ, Line 3	\$35,754

PART 1, LINE 8	Pass-Thru Items	\$967	(Items included in checks to club but intended for – the club foundation)
	GSE Reimbursement	91	
	Interest on Savings Acc't.	19	
	Prepayment of Dues	7,710	(2013-2014 Dues paid in current FY)
	50/50 Drawing Income	<u>3,517</u>	
	990 EZ, Line 8	\$12,304	

PART 1, LINE 11	Members/Guests Meals	\$20,422
	Club Guest Meals	1,385
	Members' Expense Reimb.	<u>1,336</u>
	990 EZ, Line 11	\$23,143

PART 1, LINE 16	District Dues	\$3,610
	Rotary Int'l Dues	6,949
	Int'l Conference	3,000
	50/50 Cumulative Wins	5,077
	Pass Thru Items	950
	Awards & Gifts	199
	Donations	500
	Banners & Pins	959
	Book Shipment	215
	District Conference	316
	Speaker System	949
	IL 990 Filing Fee	15
	Tanzania Aqua Project	1,000
	Rotary Foundation	1,000
	Materials for Awards	583
	Website Support	<u>299</u>
	990 EZ, Line 16	\$25,621