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# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at purpours good form 990.

Open to Public Inspection

AI	For the	2014 calendar year, or tax year beginning J	m JL~1 , $ m 2014$ and	ending J	UŇ 30, 20	015			
В	Check if	C Name of organization			D Employer id	entificatio	n number		
ā	applicable								
	Address change	THE ROTARY CLUB OF DOWN	NERS GROVE		]				
	Name change	Doing business as	<u>.                                      </u>		3 (	6-2867	580		
	Initial	Number and street (or P 0 box if mail is not delir	vered to street address)	Room/suite	E Telephone n	umber			
	Final return/	P.O. BOX 256	,		6:	30-960	-2305		
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code	<u></u>	G Gross receipts \$		332,	732.	
	Amende				H(a) Is this a gr	oup return	-		
	Applica		EPH A LEO		for subord	ınates?	Yes	X No	
	pending	SAME AS C ABOVE			H(b) Are all subord	inates included	₁շ∐Yes [	☐ No	
1	Tax-exe	mpt status 501(c)(3) X 501(c) ( 4 )		or 527	If "No," att	ach a list (	see instructio	ons)	
		DGROTARY.ORG			H(c) Group exe	mption nur	nber 🕨		
			ociation Other >	L Year	of formation 19	61 M Stat	e of legal domi	cile IL	
	art I	Summary							
	1 E	Briefly describe the organization's mission or most	significant activities: TO E	NCOURA	GE AND F	OSTER	THE		
ĕ		DEAL OF SERVICE AS A BAS	IS OF WORTHY EN	TERPRI	SE.				
Ë	2 0	Check this box   if the organization discon	tinued its operations or dispo	sed of more	than 25% of its	net assets			
Ş	3 1	lumber of voting members of the governing body		and the same of th		3		16	
Ğ	1	lumber of independent voting members of the gov	rerning body (Part VI, line 1b)		<b>√%</b> [	4		16	
Se		otal number of individuals employed in calendar y	ear 2014 (Part V, line 2a)	1/2	/Q,	5		0	
Ϋ́	6 T	otal number of volunteers (estimate if necessary)	Elo)	WED 20	16 15/	6		0	
Activities & Governance	7a T	otal unrelated business revenue from Part VIII, co	lumn (C), line 12	_ 6 .Γ.		7a		0.	
•	1 d	let unrelated business taxable income from Form	990-T, line 34	2 × <	\(\)	7b		0.	
			C FE	3 1 6 20	Prior Year		Current Yea		
Revenue	8 (	Contributions and grants (Part VIII, line 1h)		OGO	17,6		11,	158.	
	9 F	Program service revenue (Part VIII, line 2g)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	O _		0.		0.	
ě	10 h	nvestment income (Part VIII, column (A), lines 3, 4,	"	<u> </u>	3,7			855.	
Ι.	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		75,7			<u> 200.</u>		
	12 ]	otal revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		97,1			213.	
	13 (	Grants and similar amounts paid (Part IX, column (	A), lines 1-3)		23,7	47.	34,	269.	
	14 E	Benefits paid to or for members (Part IX, column (A	), line 4)			0.			
S	15 5	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)			0.		0.	
Expenses	16a F	Professional fundraising fees (Part IX, column (A), li	ne 11e)			0.	<del></del>	0.	
×pe	ь	otal fundraising expenses (Part IX, column (D), line	25) 🕨	0.					
Ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)	<u> </u>	42,2			984.	
	18 7	otal expenses. Add lines 13-17 (must equal Part I	K, column (A), line 25)	—	65,9			<u>253.</u>	
	19 F	Revenue less expenses. Subtract line 18 from line	12		31,1			960.	
Net Assets or Find Ralances.	[			Be	eginning of Current		End of Yea		
SSet	20 1	Total assets (Part X, line 16)			324,5			381.	
at A	21 ]	Total liabilities (Part X, line 26)		-	43,7			$\frac{761.}{620}$	
		Net assets or fund balances. Subtract line 21 from	line 20		280,8	22.	2/4,	620.	
		Signature Block	<del></del>				1. 4 4 5 - 4		
		ties of perjury, I declare that I have examined this return,					wiedge and bei	net, it is	
true	e, correct	, and complete Declaration of preparer (other than office	r) is based on all information of w	nich prepare			,		
		Signature of officer			Date	-1-10	<u>e</u>		
Sig			D		0010				
He	re	JOSEPH A LEO, TREASURE:  Type or print name and title	Λ	· · · - · · · · · · · · · · · · · · · ·					
		<u>, , , , , , , , , , , , , , , , , , , </u>	Description of the second of t		Date c	heck	PTIN		
Pai	rigates a signature								
	- t	Firm's name			Firm's E	IN -			
	Only	Firm's address			1,11113 E	····•			
<b>U</b> 00	,	1 11111 3 44411033			Phone n	10			
Ma	v the IP	S discuss this return with the preparer shown abo	ve? (see instructions)		1	-	Yes	□ No	
	001 11-07			ions.	1	70	Form 99		

SCANNET MAR O 9 2016

orm	990 (2014) THE ROTART CLOB OF DOWNERS GROVE 30-2807300 Page 2
Par	t III Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:  TO ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS 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?  Yes X No
_	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 14,000 . including grants of \$
4b	(Code ) (Expenses \$ 6,084. including grants of \$ ) (Revenue \$) DISTRICT AND INTERNATIONAL DUES - THE CLUBS DUES ARE USED TO PROVIDE  CONTRIBUTIONS TO VARIOUS CHARITABLE ORGANIZATIONS LOCALLY AND INTERNATIONALLY.
4c	(Code ) (Expenses \$ 29,744 • including grants of \$ 29,744 • ) (Revenue \$)
70	COMMUNITY CONTRIBUTIONS - CONTRIBUTIONS TO VARIOUS ORGANIZATIONS IN
	DOWNERS GROVE. BY SUPPORTING LOCAL ORGANIZATIONS THE CLUB PROMOTED COMMUNITY GOODWILL AND ROTARY IDEALS.
4d	Other program services (Describe in Schedule O.)  (Expenses \$ 8,294 • including grants of \$ 4,525 •) (Revenue \$ )  Total program service expenses \$ 58,122 •
40	Total program service expenses ► 58,122.  Form 990 (2014)

Part IV	Checklist	of l	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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			1
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	•		<del></del>
9	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		<u> </u>	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,			
_	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	X	
С	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		X
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	ļ	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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		x
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del> </del>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1.40	ļ .	<del></del>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ļ	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	
••	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	1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	
	complete Schedule G, Part III	19	ļ	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	
		Forn	1 <b>990</b>	(2014)

Form	990 (2014) THE ROTARY CLUB OF DOWNERS GROVE 36-	2867580	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government 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 or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curren	it		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	<u> </u>	Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of t	he		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ŀ
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
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		X
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part II		ļ	Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an offi			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<del></del>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l .
	contributions? If "Yes," complete Schedule M	30	1	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
00	If "Yes," complete Schedule N, Part I	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		Х
-00	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<del> </del>	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1

Х Form 990 (2014)

35ь

36

37

Х

Х

If "Yes," complete Schedule R, Part V, line 2

Note. All Form 990 filers are required to complete Schedule O

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

### Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

	Chookin Chicago Committee			<u> </u>
	5		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  In Box 3 of Form 1096. Enter -0- if not applicable  In Box 3 of Form 1096. Enter -0- if not applicable  In Box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		<del></del>
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	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: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			17
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	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 organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		ļ	
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			.,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> X</u>
	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 required	_		v
	to file Form 8282?	7c		<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9ь		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	[		
	, , , , , , , , , , , , , , , , , , ,			
D 11				
	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
U	amounts due or received from them.)			
120	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	·		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a	<b></b>	
	Note. See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			l
	Did the organization receive any payments for indoor tanning services during the tax year?	148		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2014)

THE ROTARY CLUB OF DOWNERS GROVE 36-2867580 Form 990 (2014) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 16 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 16 1b b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Х persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a a The governing body? Х 8b **b** Each committee with authority to act on behalf of the governing body? is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? Х 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. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b 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 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15b **b** Other officers or key employees of the organization 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 Х 16a taxable entity during the year? b 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? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website	Another's website	Don request	Uther (explain in Schedule O)
Describe in Schedule (	O whether (and if so, how) the	organization made its go	verning documents, conflict of interest poli

statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records. ► JOSEPH A LEO - 630-990-1110

IL 60515

432006 11-07-14

P.O. BOX 256, DOWNERS GROVE,

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)  Name and Title	(B) Average hours per week	Pos (do not check box, unless po		Pos heck	(C) Osition ok more than one person is both an a director/trustee)		one h an	(D)  Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)		Institutional trustee	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) BARBARA WEBSTER	4.00									
PRESIDENT		X	ļ	X	_			0.	0.	0.
(2) SLAWEK POLINSKI	3.00			l						•
PRESIDENT ELECT	2 00	X		Х	<u> </u>	<u> </u>	ļ	0.	0.	0.
(3) DAN TECHMAN	3.00			,,					_	^
SECRETARY	2 00	Х	_	X	<del> </del>	-		0.	0.	0.
(4) JOSEPH LEO	3.00	,,						0.	0.	^
TREASURER	<del> </del>	Х		X		┢		U •	<u> </u>	0.
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1, 41,	* It   Section A. Officers, Directors, Trus	tees, ney cill	עטיק	CC3			gile:	31 U	iompensated Employe	es (continueu)				
	(A)	(B) (C) Average Position Po							(D)					
	Name and title	Average		not c	heck	more	than		Reportable	Reportable		Estimated		
		hours per week					is bot or/trus		compensation	compensation			ount o	of
		(list any	<u> </u>					Ĺ	from the	from related organizations			other oensa	tion
		hours for	g				R		organization	(W-2/1099-MIS			om the	
		related	8	Stee	ĺ		ansaft.		(W-2/1099-MISC)	(	-′		nızatı	
		organizations	夏	퉏		88	ğ,					and	l relate	ed
		below	Individual trustee or director	Institutional trustee	8	Кеу етріоуев	Highest compensated employee	Former				orga	nızatı	ons
		line)	말	Ē	is dig	Ē,	물통	Ē						
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45.0	Nih tatal	·		<u> </u>		Щ.	J	<b>—</b>	0.	···-	0.			0.
	Sub-total	II Continu A							0.		0.			0.
	Total from continuation sheets to Part V	ii, Section A							0.		0.			0.
	Total (add lines 1b and 1c) Total number of Individuals (including but r	ot limited to th		lieta	ad a	boy	ابد (م	ho re		000 of reportable				
	compensation from the organization	iot iii iiited to ti	1030	, note	ou a	DO V	O, 111	10 11	cocived more than \$100	,,ooo or reportable	•			0
	compensation from the organization												Yes	No
3 [	Old the organization list any <b>former</b> officer,	director, or tri	uste	e. ke	ev er	nolo	ovee	. or	highest compensated e	mplovee on	ſ			
	ne 1a? If "Yes," complete Schedule J for s			٥,	., c.		,,,,,	,	mg//oot oomponication o			3	]	Х
	For any individual listed on line 1a, is the si			amo	ensa	atioi	n and	d ot	her compensation from	the organization	Ì			
	and related organizations greater than \$15										- 1	4	1	Х
	Old any person listed on line 1a receive or									idual for services	İ			<del></del>
	endered to the organization? If "Yes," con											5		Х
	on B. Independent Contractors													
1 (	Complete this table for your five highest co	mpensated in	dep	ende	ent c	cont	racto	ors t	that received more than	\$100,000 of com	pens	ation f	rom	
	he organization. Report compensation for													
_	(A)								(B)		_	(C		
	Name and business	address	N	ON	E				Description of s	services		ompe	nsatio	n 
								_						
								l						
								$\dashv$	<u> </u>					
	Fotal number of independent annihilation	inaludina but		inc to a		. +	NO 1.		d above) who received a	nore than		·- <del>-</del>		
	Total number of independent contractors ( \$100,000 of compensation from the organ		iot II		,		)3 <del>0</del> 11	3180	and and tacaisage i	nore mail				
3	vice, our or compensation from the organ	Landi F					-			<del></del>		Form	990 /	2014

نبنسنين			Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
<del></del>		<del></del>				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 8	а	Federated campaigns	1a					
ig ja	ŧ	b	Membership dues	1b	10,146.				
Am (S	•	С	Fundraising events	1c					
를 를	•	d	Related organizations	1d	1,012.				
S.E	•	е	Government grants (contribut	ions) 1e					
i S	1	f	All other contributions, gifts, gran	ts, and	1				
호			similar amounts not included abo	ve <b>1f</b>					
Contributions, Gifts, Grants and Other Similar Amounts	9	9	Noncash contributions included in lines	: 1a-1f \$					
<u>8 5</u>		h_	Total. Add lines 1a-1f		<b>&gt;</b>	11,158.			
	_				Business Code				
ှို့ မြ	2 8								
Le Si		b	· · · · · · · · · · · · · · · · · · ·						
S E L		C							
gra Re	•	d							
Program Service Revenue	•	e	All Ale an annual and a service	<del></del>		· · · · · · · · · · · · · · · · · · ·			
_			All other program service reve	enue	<b>•</b>				
_		9_	Total. Add lines 2a-2f Investment income (including	dividende inter					
	3		other similar amounts)	dividends, inter-	55t, and	9,547.			9,547.
	4		income from investment of ta	v-exempt bond r	proceeds	2,01.0		<del></del>	, , , , , , , , , , , , , , , , , , ,
	5		Royalties	x exempt bond t	<b>&gt;</b>	****			
			Noyanios	(ı) Real	(II) Personal	11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The state of the s	
	6 :	а	Gross rents	17.1100.	(//				
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)		<b>&gt;</b>				
	7 :	а	Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory	67,044.					·
		b	Less: cost or other basis						
			and sales expenses	49,736.					
		С	Gain or (loss)	17,308.					
	(	d	Net gain or (loss)		<b>•</b>	17,308.			17,308.
ne	8 8	а	Gross income from fundraising	g events (not					
			including \$	of					
ş			contributions reported on line		0.44 0.00				
Other Reve			Part IV, line 18	а	244,983.				
ਰ	l		Less: direct expenses		190,783.	E 4 200			54,200.
-			Net income or (loss) from fund			54,200.			34,200.
	9 :	а	Gross income from gaming ac						
			Part IV, line 19	a b					
			Less: direct expenses	_	'				
			Net income or (loss) from gan Gross sales of inventory, less						
	10	a	and allowances	a					
		h	Less. cost of goods sold	b					
			Net income or (loss) from sale		<b></b>		i		
		Ť	Miscellaneous Revenu		Business Code				
	11	a	300,				]		_l
		b							
		C							
		d	All other revenue						
		е	Total. Add lines 11a-11d		<b>&gt;</b>				
100-	12		Total revenue. See instructions		<b>&gt;</b>	92,213.	0.	0	<del></del>
43200	9								Form <b>990</b> (2014

#### Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	<del>-</del>		mplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in (A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	24 252	2. 2.2		
	and domestic governments. See Part IV, line 21	34,269.	34,269.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				·····
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				<del>n</del>
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)				<del></del>
7	Other salaries and wages			· · · · · · · · · · · · · · · · · · ·	
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions)				
10	Other employee benefits Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
ь	Legal				
c	Accounting	<del></del>			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees			***************************************	
9	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion				
13	Office expenses	1,150.		1,150.	
14	Information technology				
15	Royalties		·		- <del></del>
16	Occupancy	720.		720.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			4.5	
19	Conferences, conventions, and meetings	47.		47.	
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 0)				
a	STUDENT SCHOLORSHIPS GR	14,000.	14,000.		
b	MEMBER MEALS	12,598.		12,598.	
C	DISTRICT AND INTL DUES	6,084.	6,084.		
d	HALLOWEEN WINDOW PAINTI	3,769.	3,769.		
е	All other expenses	616.		616.	
25	Total functional expenses Add lines 1 through 24e	73,253.	58,122.	15,131.	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)				Form <b>990</b> /2014)

Part X	Check if Schedule O contains a response or note to any line in this Part X			
	Check in Controlle C Contains a respense of free to any info in this year.	(A) Beginning of year		( <b>B</b> ) End of year
1	Cash - non-interest-bearing	166,730.	1	102,756.
2	Savings and temporary cash investments	42,190.	2	42,250.
3	Pledges and grants receivable, net		3	·
4	Accounts receivable, net	20,170.	4	23,346.
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined un	der		
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu	uting		
	employers and sponsoring organizations of section 501(c)(9) voluntary			
و ا	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		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	95,490.	12	132,029
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)	324,580.	16	300,381
17	Accounts payable and accrued expenses	43,758.	17	25,761
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	<del></del>
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustee	s,		
	key employees, highest compensated employees, and disqualified persons	s		
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	<del> </del>
25	Other liabilities (including federal income tax, payables to related third		1 1	
	parties, and other liabilities not included on lines 17-24). Complete Part X of	f		
	Schedule D	42 750	25	25 761
26	Total liabilities. Add lines 17 through 25	43,758.	26	25,761
		ind		
S S	complete lines 27 through 29, and lines 33 and 34.	200 022		274 620
27	Unrestricted net assets	280,822.	1- 1	274,620
28	Temporarily restricted net assets		28	
g   29	Permanently restricted net assets		29	(FATELERIA)
2	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
5	and complete lines 30 through 34.			
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 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Retained earnings, endowment, accumulated income, or other funds	280,822.	32	274,620
33	Total net assets or fund balances	324,580		300,381
34	Total liabilities and net assets/fund balances	324,380.	34	500,301

Form **990** (2014)

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

3ь

#### (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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public. Inspection

Name of the organization

THE ROTARY CLUB OF DOWNERS CROVE

Employer identification number 2867580

<b>D</b>	THE ROTART COOP OF		30-2807380			
Pa	<del></del>		or Accounts. Complete if the			
	organization answered "Yes" to Form 990, Part IV, line	· <del>- · · · · · · · · · · · · · · · · · ·</del>	725			
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year		·····			
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	used only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	conferring			
	Impermissible private benefit?		Yes No			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Pa				
1	Purpose(s) of conservation easements held by the organizati					
•	Preservation of land for public use (e.g., recreation or e	· · · · · · · · · · · · · · · · · · ·	rically important land area			
	Protection of natural habitat	Preservation of a certif				
	Preservation of open space		nos motorio strustaro			
2	Complete lines 2a through 2d if the organization held a qualif	find appearation contribution in the form of	of a consequence concerned on the last			
2		ned conservation contribution in the form c	of a conservation easement on the last			
	day of the tax year.		Hold at the End of the Tay Your			
_	Tabel and be of consequences		Held at the End of the Tax Year			
a	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		<u>2b</u>			
C	Number of conservation easements on a certified historic str	' '	2c			
d	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, rel	leased, extinguished, or terminated by the	organization during the tax			
	year ►					
4	Number of states where property subject to conservation ear	· · · · · · · · · · · · · · · · · · ·				
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(				
	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 organization	tion's financial statements that describes t	he organization's accounting for			
	conservation easements.	<del></del>				
Pa	rt III Organizations Maintaining Collections o		her Similar Assets.			
	Complete if the organization answered "Yes" to Form	<del></del>				
1a	If the organization elected, as permitted under SFAS 116 (AS					
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtheran	ice of public service, provide, in Part XIII,			
	the text of the footnote to its financial statements that descri	bes these items				
ь	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of pub	olic service, provide the following amounts			
	relating to these items:					
	(i) Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$			
	(ii) Assets included in Form 990, Part X		► \$ ► \$			
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial				
	the following amounts required to be reported under SFAS 1					
а	Revenue included in Form 990, Part VIII, line 1		<b>▶</b> \$			
ь			► \$ ► \$			
_	,					

Schedule D (Form 990) 2014

Sche	dule D (Form 990) 2014 THE ROT.	ARY CLUB O	F DO	WNERS	GROVE		36-28	67580	Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, or Ot	her Sin	nilar Asse	<b>ts</b> (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that are a	significa	nt use of its	collection	items
	(check all that apply):								
а	Public exhibition	d	· 🗀 i	Loan or exc	hange programs				
b	Scholarly research	e	. 🗀	Other			7	· · · · · · · · · · · · · · · · · · ·	
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organization's ex	kempt pu	rpose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	sures, or other simi	lar assets	<u></u>	_	_
	to be sold to raise funds rather than to be ma	aintained as part of	the organ	nization's co	ollection?			Yes	No_
Par	Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	organizatio	on answered "Yes"	to Form 9	90, Part IV, I	ine 9, or	
		·			Ab A	-411	- 4		
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for o	contribution	is or other assets n	ot includ	ea L	7 v	No
_	on Form 990, Part X?			. 1. 1				」 Yes	□ NO
b	If "Yes," explain the arrangement in Part XIII	and complete the to	ollowing t	able:				A A	
								Amount	
С	Beginning balance					10			
đ	Additions during the year					10			
e	Distributions during the year					10	<del></del>		
1	Ending balance	000 D-4 V l	04 6				I	Yes	□ No
	Did the organization include an amount on Fo						L	_ res	
Par	If "Yes," explain the arrangement in Part XIII.  The two states of the transport of the tra								
FAI	Endowment Funds. Complete				(c) Two years back		ee years back	(a) Four	ears back
4.	Danis and a set was a balance	(a) Current year	(b) P	rior year	(C) IWO years back	(0) 1111	ee years back	(e) roury	ears Dack
1a	Beginning of year balance		<u> </u>			+			
b	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	~						-	
1	Administrative expenses				<del>-</del>	+			
9	End of year balance Provide the estimated percentage of the cur	root voor and halan	no (line 1	a column (	a)) beld as:		<del></del>	L	
2	Board designated or quasi-endowment	rent year end balant	% (IIIIe 1	y, column (	a)) Held as.				
a	Permanent endowment	%	70						
b	Temporarily restricted endowment	<sup>70</sup>							
C	The percentages in lines 2a, 2b, and 2c shot								
20	Are there endowment funds not in the posses		ation the	at are held s	and administered fo	r the ora:	anization		
Ja		sssion of the organiz	ation the	it are rield t	and administered to	i the orgi	arnzation	- F	res No
	(i) unrelated organizations							3a(i)	105   110
	(ii) related organizations							3a(ii)	
h	If "Yes" to 3a(ii), are the related organization:	s listed as required (	on Scher	dule B?				3b	
4	Describe in Part XIII the intended uses of the	•							
1000	t VI Land, Buildings, and Equipm		<u> </u>						
L	Complete if the organization answere		), Part IV	, line 11a. S	See Form 990, Part	X, line 10			
	Description of property	(a) Cost or o				Accumu		(d) Book	value
	accompanies of brokers	basis (invest			1	depreciat	I	• • •	
12	Land	, , , , , , , , , , , , , , , , , , , ,							
ь	Buildings								
c	Leasehold improvements								
d	Equipment								
_	Other								
	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pan	X, colur	nn (B), line	10c)		<b>•</b>		0.

Schedule D (Form 990) 2014

(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the	potnote to the organization's financial statements that rep	orts 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) 2014

(3) (4) (5) (6) (7)

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

ZU14
Open to Public

Information about Schedule G (Form 990 or 990-FZ) and its instructions islativity its gov/form 990. Inspection

Employer identification number

THE ROT	ARY CLUB OF DOWNER	S G	ROV	<u>'E</u>	36-2867	580
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.						
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual tart VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (inclu- profess	non-g gover alsing ding o	overnment grants rnment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	Did raiser sustody atrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		-				
			_			
Total	L	<u> </u>	<u> </u>			
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	oution	s or has been notified	d it is exempt from r	egistration
	<del></del>				<del></del>	
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432081 08-28-14 Schedule G (Form 990 or 990-EZ) 2014

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2014	THE	ROTARY	CLUB	OF	DOWNERS	GROVE
Schedule G (Form 990 of 990-EZ) 2014		110 11111	C T C T	-	201111210	OILO I L

Pe	IT I	of fundraising events. Complete if the	-			
			(a) Event #1	(b) Event #2 CHILI COOK	(c) Other events NONE	(d) Total events
			GROVEFEST	OFF		(add col (a) through col (c))
Ą			(event type)	(event type)	(total number)	COI (C)
Revenue	1	Gross receipts	244,122.	861.		244,983.
	2	Less: Contributions			1	
	3	Gross income (line 1 minus line 2)	244,122.	861.		244,983.
	4	Cash prizes				
ø	5	Noncash prizes				-
Direct Expenses	6	Rent/facility costs	103,801.			103,801.
rect E	7	Food and beverages	25,771.			25,771.
ቯ	8	Entertainment	26,049.			26,049.
	9	Other direct expenses	35,162.			35,162.
	10	Direct expense summary Add lines 4 throug	h 9 ın column (d)		<b>•</b>	190,783.
_	11	Net income summary. Subtract line 10 from	line 3, column (d)		<b>&gt;</b>	54,200.
Pa	ırt l	Gaming. Complete if the organization	answered "Yes" to Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
 	1_	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % ☐ No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	nh 5 in column (d)		•	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		<u> </u>	
_	_					
6	ls t	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain:	activities in each of these	states?		Yes No
	_					
		ere any of the organization's gaming licenses i 'Yes," explain:				Yes No
	_					
4320	82 0	8-28-14			Schedule G (Fo	orm 990 or 990-EZ) 2014

		<u>-2867580</u>	Page 3
	Does the organization conduct 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 formed		
	to administer charitable gaming?	Yes	L No
13	Indicate the percentage of gaming activity conducted in:	1 1	
а	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address ▶		
16	Gaming manager information:		
	Name		
	Coming manager companyation • •		
	Gaming manager compensation  \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions.		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	□ No
	retain the state gaming license?		140
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year > \$  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part II	l lines Q Qh 1	0h 15h
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	,	00, 100,
	100, 10, 4110, 100 00 00 00 00 00 00 00 00 00 00 00 00		
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_			
	Schedule G (Fr	arm 990 or 990	D-F71 2016

Schedule	G (Form 990 or 990-EZ)	THE ROTARY	CLUB OF	DOWNERS	GROVE	36-2867580 Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Info	ormation (continued)				
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SCHEDULE I (Form 990)

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Information about Schedule I (Form 990) and its instructions is at www.rs.gov/form990. ► Attach to Form 990.

OMB No 1545-0047

Employer identification number 36–2867580 THE ROTARY CLUB OF DOWNERS GROVE Department of the Treasury Internal Revenue Service
Name of the organization

							-	
Parti	General Information on Grants and Assistance	and Assistance						
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	
	criteria used to award the grants or assistance?	stance?						X Yes No
7	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	oring the use of grant	funds in the United	d States.			
Parti	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Domestic Organia	zations and Domestik	c Governments. C	complete if the orga	ınızatıon answered "Y	'es" to Form 990, Part	IV, line 21, for any
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if additi	onal space is need	ded.			
-	(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, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROTA	ROTARY INTERNATIONAL			6 084	0			POLIO ERIDICATION
}	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in th	ie line 1 table				•
	Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table					<b>A</b>
Ŧ	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructi	ions for Form 990.					Schedule I (Form 990) (2014)

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) GRANTS ARE REVIEWED AND DISCUSSED BY FULL BOARD AND OF Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. RESEARCHED TO DETERMINE PROPRIETY (d) Amount of non-cash assistance GRANTS ARE MADE ONLY WITH MAJORITY APPROVAL OF BOARD. (c) Amount of cash grant (b) Number of recipients ALL POTENTIAL GRANT RECEIPTIANTS ARE (a) Type of grant or assistance POTENTIAL MAKING GRANT, PART I, LINE

Schedule I (Form 990) (2014)

22

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Page 2

36-2867580

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

THE ROTARY CLUB OF DOWNERS GROVE

Schedule I (Form 990) (2014)

Part III

#### 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

Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is to use use good form 990. Inspection

**Employer identification number** Name of the organization THE ROTARY CLUB OF DOWNERS GROVE 36-2867580 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: INTERNATIONAL CONTRIBUTIONS - CONTRIBUTIONS TO THE PAUL HARRIS FELLOWSHIP PROGRAM PROMOTE GOODWILL AND ROTARY IDEALS. INCLUDING GRANTS OF \$ 3,875. REVENUE \$ 0. EXPENSES \$3,875. ROTARY YOUTH LEADERSHIP AWARD - RYLA ENCOURAGES SERVANT LEADERSHIP IN YOUTH BY RECOGNIZING AND REWARDING DESERVING 11TH GRADE STUDENTS WHO ARE CHOSEN TO ATTEND RYLA AS AN "AWARD" FOR THEIR PAST AND PRESENT LEADERSHIP AND SERVICE ACTIVITIES. INCLUDING GRANTS OF \$ 650. EXPENSES \$ 650. REVENUE \$ 0. HALLOWEEN WINDOW PAINTING - THE CLUB HAS SPONSORED THIS COMMUNITY TRADITION FOR OVER 40 YEARS. THE EVENT PROMOTES COMMUNITY GOODWILL. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. **EXPENSES \$ 3,769.** 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014)

432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization THE ROTARY CLUB OF DOWNERS GROVE	Employer identification number 36-2867580
MEMBERS TO BE ELECTED AS THERE ARE BOARD VACANCIES. A BAI	LOT IS MADE
AVAILABLE TO ALL ACTIVE MEMBERS FOR THE ELECTION. THOSE	CANIDDATES POLLING
THE HIGHEST VOTES WILL BE DECLARED THE WINNER FOR EACH VA	CANCY.
FORM 990, PART VI, SECTION B, LINE 11:	
THE FORM 990 IS PREPARED BY THE TREASURER AND REVIEWED BY	THE PRESIDENT.
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC.	