

Form 990EZ

Department of the  
Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

2019

Open to  
Public  
Inspection

## A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization Rotary Club of Naperville c/o Digivigne Hnilo Jordan & Johnson Ltd	D Employer identification number 36-6206608
Number and street (or P. O. box, if mail is not delivered to street address) 184 Shuman Blvd No 200	E Telephone number (309) 370-5577
City or town, state or province, country, and ZIP or foreign postal code Naperville, IL 60563	F Group Exemption Number ►

G Accounting Method:  Cash  Accrual Other (specify) ►H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).I Website: ► [naperville rotary.clubexpress.com](http://naperville rotary.clubexpress.com)J Tax-exempt status (check only one) -  501(c)(3)  501(c)(4) ◀ (insert no.)  4947(a)(1) or  527K Form of organization:  Corporation  Trust  Association  Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ► \$ 110,082

## 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 . . . . . 

1	Contributions, gifts, grants, and similar amounts received . . . . .	1	500
2	Program service revenue including government fees and contracts . . . . .	2	13,250
3	Membership dues and assessments . . . . .	3	96,332
4	Investment income . . . . .	4	
5a	Gross amount from sale of assets other than inventory . . . . .	5a	
b	Less: cost or other basis and sales expenses . . . . .	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
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	
c	Less: direct expenses from gaming and fundraising events . . . . .	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	
7a	Gross sales of inventory, less returns and allowances . . . . .	7a	
b	Less: cost of goods sold . . . . .	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	
8	Other revenue (describe in Schedule O) . . . . .	8	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	9	110,082

10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	
11	Benefits paid to or for members . . . . .	11	
12	Salaries, other compensation, and employee benefits . . . . .	12	
13	Professional fees and other payments to independent contractors . . . . .	13	1,015
14	Occupancy, rent, utilities, and maintenance . . . . .	14	
15	Printing, publications, postage, and shipping . . . . .	15	113
16	Other expenses (describe in Schedule O) . . . . .	16	87,269
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ►	17	88,397
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	21,685
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	12,375
20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	-115
21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21	33,945

**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	19,770	22 38,905
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	1,120	24 5,803
25 Total assets	20,890	25 44,708
26 Total liabilities (describe in Schedule O)	8,515	26 10,763
27 Net assets or fund balances (line 27 of column (B) <b>must</b> agree with line 21)	12,375	27 33,945

**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**

See Additional Data Table

(Grants \$ ) If this amount includes foreign grants, check here ► **28a****29**(Grants \$ ) If this amount includes foreign grants, check here ► **29a****30**(Grants \$ ) If this amount includes foreign grants, check here ► **30a**(Grants \$ ) If this amount includes foreign grants, check here ► **31 Other program services (describe in Schedule O)**(Grants \$ ) If this amount includes foreign grants, check here ► **31a****32 Total program service expenses** (add lines 28a through 31a) ► **32**

85,678

**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) <b>(if not paid, enter -0-)</b>	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Rachel M Ossyra	4.00	0	0	0
President				
Alma Jones	4.00	0	0	0
President Elect				
Brian O'Malley	4.00	0	0	0
President Nominee				
Randy Ems	2.00	0	0	0
Past President				
Curt Stowers	4.00	0	0	0
Treasurer				
Janet Derrick	2.00	0	0	0
Secretary				
Hunter Byington	2.00	0	0	0
Sergeant-at-Arms				
John Wightkin	2.00	0	0	0
Director				
Joe Nelson	2.00	0	0	0
Director				
Lisa Schwarz-Barry	2.00	0	0	0
Director				
George Arges	2.00	0	0	0
Director				
Barry McKeown	2.00	0	0	0
Director				

**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. ► 37a 0	37b	
b Did the organization file <b>Form 1120-POL</b> for this year?	38a	No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9	40a	
b Gross receipts, included on line 9, for public use of club facilities	40b	No
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40c	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40d	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____	40e	No
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ► _____	41	
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	42a	
41 List the states with which a copy of this return is filed. ► IL	The organization's books are in care of ► Curt Stowers	Telephone no. ► (309) 370-5577
42a Located at ► PO Box 2 Naperville, IL	ZIP + 4	► 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: ►	42b	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42c	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: ►	43	
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here 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? If "Yes," Form 990 must be completed instead of Form 990-EZ	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? 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	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	

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. . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	46	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. . . . .

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 . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	48	
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	49a	
b If "Yes," was the related organization a section 527 organization? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	49b	
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	(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 ► \_\_\_\_\_

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 business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ► \_\_\_\_\_

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations 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.

<b>Sign Here</b>	***** Signature of officer <u>Curt Stowers Treasurer</u> Type or print name and title	2021-05-10 Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name David J Rambo CPA	Preparer's signature	Date 2021-05-10	Check <input type="checkbox"/> if self-employed	PTIN P00513360
	Firm's name ► Desmond & Ahern Ltd				Firm's EIN ► 36-3321958
	Firm's address ► 10827 S Western Avenue Chicago, IL 60643				Phone no. (773) 779-4720

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

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 36-6206608  
**Name:** Rotary Club of Naperville  
c/o Digiovine Hnilo Jordan & Johnson Ltd

### Form 990EZ, Part III - Statement of Program Service Accomplishments

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; optional for others.)
<b>28</b> Fellowship events including weekly meetings to discuss humanitarian service projects, scholarships and high ethical standards to promote goodwill.  (Grants \$ 0)	<b>28a</b> If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	85,678

# TY 2019 Transfers Personal Benefits Contracts Declaration

**Name:** Rotary Club of Naperville

c/o Digiovine Hnilo Jordan & Johnson Ltd

**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.

**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.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2019****Open to Public  
Inspection****Name of the organization**Rotary Club of Naperville  
c/o Digiovine Hnilo Jordan & Johnson Ltd**Employer identification number**

36-6206608

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 16 - Other Expenses	Description: Meetings and Events. Amount: 55,653. Description: Dues. Amount: 17,435. Description: Service Committee. Amount: 106. Description: Awards. Amount: 949. Description: Vocational Service Committee. Amount: 1,722. Description: Interact. Amount: 667. Description: Badges. Amount: 775. Description: Chamber dues. Amount: 495. Description: Miscellaneous Administration. Amount: 1,704. Description: Member development. Amount: 33. Description: Website. Amount: 445. Description: President's Budget. Amount: 7,007. Description: Club service. Amount: 193. Description: Computer equipment. Amount: 85. Total to Form 990-EZ, line 16: 87,269.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets	Description: Prior period adjustment. Amount: -115.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 24 - Other Assets	Description: Due from members. Beg. of Year Amount: 1,120. End of Year Amount: 340. Description: Account receivable. Beg. of Year Amount: 0. End of Year Amount: 5,463.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 26 - Other Liabilities	Description: Due to grant recipient. Beg. of Year Amount: 2,000. End of Year Amount: 0. Description: Due to other organizations. Beg. of Year Amount: 540. End of Year Amount: 5,758. Description: Due to Global Grant. Beg. of Year Amount: 4,810. End of Year Amount: 4,810. Description: Accounts Payable. Beg. of Year Amount: 1,165. End of Year Amount: 0. Description: Due to RCNC. Beg. of Year Amount: 0. End of Year Amount: 195.