

Short 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 for instructions and the latest information

2025

**Open to Public
Inspection**

A For the 2025 calendar year, or tax year beginning **July 01, 2025**, and ending **June 30, 2026**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization Rotary Club of Batavia, Illinois		D Employer identification number 36-6208137
	Number and street (or P.O. box if mail is not delivered to street address) PO Box 111,	Room/suite	E Telephone number (630) 418-4036
	City or town, state or province, country, and ZIP or foreign postal code Batavia, IL 60510		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).

I Website **bataviarotaryclub.org**

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c) (4) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other **Club**

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ **137,775**

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	36,020
	2 Program service revenue including government fees and contracts	2	755
	3 Membership dues and assessments	3	
	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	101,000
c Less: direct expenses from gaming and fundraising events	6c	58,275	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	42,725	
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 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	79,500	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	61,844
	11 Benefits paid to or for members	11	15,620
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	4,696
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	1,302
	16 Other expenses (describe in Schedule O)	16	
	17 Total expenses. Add lines 10 through 16	17	83,462
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	(3,962)
	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	43,493
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	39,531

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	120,907	22	45,546
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	120,907	25	45,546
26 Total liabilities (describe in Schedule O)	77,414	26	6,015
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	43,493	27	39,531

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 ☒ **Expenses**

What is the organization's primary exempt purpose? [See Schedule O](#)

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.)

28	Local club grants (Grants \$) If this amount includes foreign grants, check here . . . ☐	28a	0
29	International club grants (Grants \$) If this amount includes foreign grants, check here . . . ☐	29a	4,810
30	Discretionary club grants (Grants \$) If this amount includes foreign grants, check here . . . ☐	30a	24,823
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	29,633

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. ☐

Note: Only 11 members will be listed here. Refer to Schedule O for the complete list.

[illegible]

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 0		
b Did the organization file Form 1120-POL for this year?	37b	☐	☒
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	☐	☒
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), 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	40b	☐	☒
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			
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	0		
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: <u>IL</u>			
42a The organization's books are in care of: <u>Brent Strumpf</u> Telephone no <u>(630) 418-4036</u>			
Located at: <u>PO Box 111 ,Batavia ,IL</u> ZIP + 4 <u>60510</u>			
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)?	42b	☐	☒
If "Yes," enter the name of the foreign country: _____			
If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c At any time during the calendar year, did the organization maintain an office outside the United States?	42c	☐	☒
If "Yes," enter the name of the foreign country: _____			
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year	43		
		Yes	No
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	☐	☒
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	☐	☒

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	☐ ☐
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	☐ ☐
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	☐ ☐
b	If "Yes," was the related organization a section 527 organization?	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/1099-NEC)	(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.

Sign Here	Signature of officer Brent Strumpf		Date 10/25/2026		
	Type or print name and title Brent Strumpf , Treasurer				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if ☐ self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no	

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 Annual Raffle (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	101,000			101,000
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	101,000	0	0	101,000
Direct Expenses	4 Cash prizes	48,192			48,192
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	6,354			6,354
	10 Direct expense summary. Add lines 4 through 9 in column (d)				54,546
11 Net income summary. Subtract line 10 from line 3, column (d)				46,454	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

- 9** Enter the state(s) in which the organization conducts gaming activities: _____
- a** Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No
- b** If "No," explain: _____
- 10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No
- b** If "Yes," explain: _____

- 11** 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** ☐ **No**
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--|------------|---|
| a The organization's facility | 13a | % |
| b 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 \$ _____
- c** If "Yes," enter name and address of the third party:
- Name _____
- Address _____
- 16** Gaming manager information:
- Name _____
- Gaming manager compensation \$ _____
- Description of services provided _____
- ☐ Director/officer ☐ Employee ☐ Independent contractor
- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes** ☐ **No**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year . . . \$ _____

SCHEDULE O
(Form 990)

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 Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-
0047

2025

**Open to Public
Inspection**

Name of the Organization

Rotary Club of Batavia, Illinois

**Employer identification
number**

36-6208137

Part and Line Number: **Part I Line 10 Cash**

S.No	(a) Description	(b) Amount	(c) Grantee Type	(d) Grantee Name
1	Mutual Ground	\$500	-	-
2	Central Texas Flood Relief	\$500	-	-
3	Living Well Cancer Research Center	\$500	-	-
4	The Rotary Foundation	\$8,150	Organization	The Rotary Foundation
5	Furnish Forward	\$1,200	-	-
6	Fox Valley Christian Action	\$800	-	-
7	Marklund	\$1,500	-	-
8	Three Fires Council BSA	\$1,000	-	-
9	Shelter Box USA	\$1,000	-	-
10	Skills Link Uganda	\$1,810	-	-
11	Water Aid America	\$1,000	-	-
12	Bataiva Interfaith Food Pantry	\$909	-	-
13	Marklund	\$1,000	-	-
14	Marklund	\$1,217	-	-
15	Hands of Hope	\$1,680	-	-
16	Tri City Health Partnership	\$500	-	-
17	Lazarus House	\$2,000	-	-
18	Suicide Prevention Services	\$500	-	-
19	AID Gift Reimbursement	\$3,686	-	-
20	Chip In Batavia	\$2,500	-	-
21	Batavia RSVP	\$2,500	-	-
22	Batavia Public School District 101	\$555	-	-
23	Fox Valley Special Recreation Association	\$2,000	-	-
24	Valley Sheltered Workshop	\$3,000	-	-
25	Water Street Studios	\$900	-	-
26	Mercy Housing	\$2,000	-	-
27	The Rotary Foundation	\$1,462	-	-
28	Member Donations to Rotary Foundation	\$3,950	-	-
29	Rotary Means Business	\$375	-	-
30	Weiss Scholarships	\$3,600	-	-
31	Illinois State University Scholarship	\$2,000	-	-
32	Roland Trieber Memorial Scholarship	\$3,000	-	-
33	Rotary District 6440	\$2,000	-	-
34	South Alabama University Scholarship	\$2,000	-	-
35	Sponsorships	\$550	-	-
S.No	(e) Grantee Address	(f) Class of Activity	(g) Class of Activity Description	(h) Relationship Description
1	-	-	-	-
2	-	-	-	-
3	-	-	-	-
4	One Center Rotary, Evanston, IL 60201	Other	Fundraising proceeds	-
5	-	-	-	-
6	-	-	-	-

7	-	-	-	-
8	-	-	-	-
9	-	-	-	-
10	-	-	-	-
11	-	-	-	-
12	-	-	-	-
13	-	-	-	-
14	-	-	-	-
15	-	-	-	-
16	-	-	-	-
17	-	-	-	-
18	-	-	-	-
19	-	-	-	-
20	-	-	-	-
21	-	-	-	-
22	-	-	-	-
23	-	-	-	-
24	-	-	-	-
25	-	-	-	-
26	-	-	-	-
27	-	-	-	-
28	-	-	-	-
29	-	-	-	-
30	-	-	-	-
31	-	-	-	-
32	-	-	-	-
33	-	-	-	-
34	-	-	-	-
35	-	-	-	-

Part and Line Number: **Part II - Line 26**

Description	Beginning Of Year Amount	End Of Year Amount
Other liabilities	\$77,414	\$6,015

Part and Line Number: **Part III - Primary Exempt Purpose**

The Club's primary purpose is to encourage, extend, and promote the object of Rotary International and to maintain the relations of a member club in Rotary International.