FORM **990-EZ**

Department of Treasury

Internal Revenue Service

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)

OMB No. 1545-1150

2022

Open To Public Inspection

A Fort the 2022 calendar year, or tax year beginning 07/01/2022 and ending 06/07/02/3 B Check if applicable C Name of Cragnarization Rotary Club or Balavia, Illinois Name change Initial return Rotary Club or Balavia, Illinois Northern and Street (or P.O. box, if mail is not delivered to street address) E Telephone number 5030250516 Solid P. Application pending Rotary Club or Balavia, Ill. 60510	_							
Name change	<u>A</u>	••••••		7/01/2022 , and e		***************************************		
Name change	В						umber	
Initial return Final return/terminated Amended return Application pending G. Accounting method: Cash Acrual Other: I Website: bataviantaryclub.org Thac exempt status: S01(c)(3) S01(c)(4,1) A947(a)(1) S27 Port I Revenue, Expenses, and Changes in Net Assets or Fund Balances Check if the organization used Schedule O to respond to any question in this Part I. Contributions, gifts, grants, and similar amounts received. 1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Grass amount from sale of assets other than inventory 5 Cash or Other basis and sales expenses 5 Casin or (loss) from sale of assets other than inventory 5 Cash or Grass income from gaming (attach Schedule G if greater than \$15,000) 6 Grass income from gaming (attach Schedule G if greater than \$15,000) 6 Crass income from gaming (attach Schedule G if greater than \$15,000) 6 Crass income from gaming (attach Schedule G if greater than \$15,000) 6 Crass income from gaming and fundraising events (sincluding of contributions from fundraising events the sum of such gross income and contributions exceeds \$15,000) 7 Crass and or (loss) from gaming and fundraising events (sincluding 0 of contributions exceeds \$15,000) 7 Crass and or (loss) from gaming and fundraising events (sold lines 6a and 6b and subtract line 6c) 7 Sold or (loss) from sales of inventory 7 Sold or (loss) from sales of inventory 8 Other revenue 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grass and similar amounts paid (list in Schedule O) 11 Total expenses (describe in Schedule O) 12 Total expenses (describe in Schedule O) 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses (describe in Schedule O) 18 Cass assets or fu		_	Rotary Club of Batavia, Illinois			36-6208137		
Final return/terminated Amended return Application pending G Accounting method: Cash Accounting Metho		_	Number and Street (or P.O. box, if mail is no	ot delivered to street add	ress) E	Telephone nur	nber	
Amended return Application pending G Accounting method:		Initial return	PO Box 111			6302350516		
Application pending Application pending Application pending Accounting method: Cash Accrual Other:		Final return/terminated	City or town, state or country, and Zip + 4		F	Group Exempt	ion Nu	mber
Check if the organization is not required to attach Schedule B (Form 990, 990-Ez, or 990-PF). Tax-exempt status: SO1(c)(3) SO1(c)(4) 4947(a)(1) S27 Fax-exempt status: SO1(c)(3) SO1(c)(4) 4947(a)(1) S27 Contributions, gifts, grants, and similar amounts received. S10475 S10475 Membership dues and assessments S10475 Membership dues and assessments S10475 S10475 Membership dues and assessments S10475 Less: cost or other basis and sales expenses S10400 S10475 Less: cost or other basis and sales expenses S10400 S10475 Cass income from gaming tatach Schedule G if greater than \$15,000 S104700 S10475 Gross income from fundraising events (Not including 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000 S104700 S10475 Less: critical expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) S104700 Less: critical expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) S104700 Less: critical expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) S104700 Less: critical goods sold S104700 Ceross profit or (loss) from sales of inventory S104700 Ceross profit or (loss) from sales of inventory S104700 S10475 Caross profit or (loss) from sales o		Amended return	Batavia , IL 60510					
I Website: bataviarotaryclub.org Tax-exempt status: 501(c)(3) 501(c)(4) 4947(a)(1) 527 Tax-exempt status: 501(c)(4) 517(c)		Application pending				•••••••	••••••	•••••••
Tax-exempt status:	G	Accounting method: 🔽 Cash 🛭	Accrual Cother:			Check if the	organ	zation is
Tax-exempt status: Solic()(3) Solic()(4 1 0 4947(a)(1 527	ı	Website: bataviarotaryclub.org				•		
Check if the organization used Schedule O to respond to any question in this Part I. 1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 1620 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Gross amount from sale of assets other than inventory 5 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Garning and fundraising events 6 Garning and fundraising events 6 Gross income from gaming (attach Schedule G if greater than \$15,000) 6 Gross income from fundraising events (Not including 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 7 Gross income from fundraising events (Not including 0 of contributions exceeds \$15,000) 8 Other expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 9 Cross sales of inventory. less returns and allowances 9 Other revenue 9 Other revenue 9 Other revenue 9 Other revenue 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Other revenue 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Other revenue 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Other revenue 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Other revenue 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Other revenue 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Other revenue 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Other revenue 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Other revenue 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Other sevenue 9 S 350 10 Grants and similar amounts paid (list in Schedule O) 9 Other expenses (describe in Schedule O) 9 Other expenses (describe in Schedule O) 9 Other expenses (describe in Schedule	J	Tax-exempt status: 501(c)(3)	501(c)(4)	27	(Form 990, 990-	≣Z, or !	990-PF).
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Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule O) Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Total expenses (describe in Schedule O) Total expenses (describe in Schedule O) Total expenses Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior years return) Other changes in net assets or fund balances (explain in Schedule O) Other changes in net assets or fund balances (explain in Schedule O) \$ 0	7с	Gross profit or (loss) from sale	s of inventory				\$	0
10 Grants and similar amounts paid (list in Schedule O) \$ 73799 11 Benefits paid to or for members \$ 23694 12 Salaries, other compensation, and employee benefits \$ 0 13 Professional fees and other payments to independent contractors \$ 3704 14 Occupancy, rent, utilities, and maintenance \$ 0 15 Printing, publications, postage, and shipping \$ 5183 16 Other expenses (describe in Schedule O) \$ 0 17 Total expenses Add lines 10 through 16 \$ 106380 18 Excess or (deficit) for the year (Subtract line 17 from line 9) \$ -11030 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 years return) \$ 111520 20 Other changes in net assets or fund balances (explain in Schedule O) \$ 0	8	Other revenue					\$	0
11Benefits paid to or for members\$ 2369412Salaries, other compensation, and employee benefits\$ 013Professional fees and other payments to independent contractors370414Occupancy, rent, utilities, and maintenance\$ 015Printing, publications, postage, and shipping\$ 518316Other expenses (describe in Schedule O)\$ 017Total expenses Add lines 10 through 16\$ 10638018Excess or (deficit) for the year (Subtract line 17 from line 9)\$ -1103019Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior years return)\$ 11152020Other changes in net assets or fund balances (explain in Schedule O)\$ 0	9	Total revenue Add lines 1, 2,	3, 4, 5c, 6d, 7c, and 8				\$	95350
Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 years return) 20 Other changes in net assets or fund balances (explain in Schedule O) \$ 0 17 Occupancy, rent, utilities, and maintenance \$ 0 \$ 18 Excess or (deficit) for the year (Subtract line 17 from line 9) \$ -11030 \$ 111520	10	Grants and similar amounts pa	aid (list in Schedule O)				\$	73799
13Professional fees and other payments to independent contractors370414Occupancy, rent, utilities, and maintenance\$ 015Printing, publications, postage, and shipping\$ 518316Other expenses (describe in Schedule O)\$ 017Total expenses Add lines 10 through 16\$ 10638018Excess or (deficit) for the year (Subtract line 17 from line 9)\$ -1103019Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior years return)\$ 11152020Other changes in net assets or fund balances (explain in Schedule O)\$ 0	11	Benefits paid to or for membe	rs				\$	23694
14 Occupancy, rent, utilities, and maintenance \$ 0 15 Printing, publications, postage, and shipping \$ 5183 16 Other expenses (describe in Schedule O) \$ 0 17 Total expenses Add lines 10 through 16 \$ 106380 18 Excess or (deficit) for the year (Subtract line 17 from line 9) \$ -11030 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 years return) \$ 111520 20 Other changes in net assets or fund balances (explain in Schedule O) \$ 0	12	Salaries, other compensation,	and employee benefits				\$	0
15 Printing, publications, postage, and shipping \$ 5183 16 Other expenses (describe in Schedule O) \$ 0 17 Total expenses Add lines 10 through 16 \$ 106380 18 Excess or (deficit) for the year (Subtract line 17 from line 9) \$ -11030 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 years return) \$ 111520 20 Other changes in net assets or fund balances (explain in Schedule O) \$ 0	13	Professional fees and other pa	yments to independent contractors					3704
16 Other expenses (describe in Schedule O) \$ 0 17 Total expenses Add lines 10 through 16 \$ 106380 18 Excess or (deficit) for the year (Subtract line 17 from line 9) \$ -11030 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 years return) \$ 111520 20 Other changes in net assets or fund balances (explain in Schedule O) \$ 0	14	Occupancy, rent, utilities, and	maintenance				\$	0
Total expenses Add lines 10 through 16 \$ 106380 18 Excess or (deficit) for the year (Subtract line 17 from line 9) \$ -11030 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 years return) \$ 111520 20 Other changes in net assets or fund balances (explain in Schedule O) \$ 0	15	Printing, publications, postage	, and shipping				\$	5183
18Excess or (deficit) for the year (Subtract line 17 from line 9)\$ -1103019Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior years return)\$ 11152020Other changes in net assets or fund balances (explain in Schedule O)\$ 0	16	Other expenses (describe in S	chedule O)				\$	0
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior years return) 20 Other changes in net assets or fund balances (explain in Schedule O) \$ 111520	17	Total expenses Add lines 10	through 16				\$	106380
prior years return) \$ 111520 Other changes in net assets or fund balances (explain in Schedule O) \$ 0	18						\$	-11030
	19		beginning of year (from line 27, column (A)) (must agree with end-o	f-year figu	ire reported on	\$	111520
21 Net assets or fund balances at end of year. Combine lines 18 through 20 \$ 100490	20	Other changes in net assets o	r fund balances (explain in Schedule O)				\$	0
	21	Net assets or fund balances at	end of year. Combine lines 18 through 20				\$	100490

22	Coch covings and investments	20 d	
22 23	Cash, savings, and investments \$ 11152 Land and buildings \$	0 \$	100490
23 24	Land and buildings \$ Other assets (describe in Schedule O) \$	0 \$	0
 25	Total assets \$ 11152		100490
 26	Total liabilities (describe in Schedule O) \$	0 \$	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) \$ 11152		100490
Part	III Statement of Program Service Accomplishments (see the instructions for Part III)	<u> </u>	
	k if the organization used Schedule O to respond to any question in this Part III.		_
Wha The C	t is the organizations primary exempt purpose? Club's primary purpose is to encourage, extend, and promote the object of Rotary International and to maintain the relations of cary International.	a mem	nber club
Desc	ribe the organization's program service accomplishments for each of its three largest program services, as measured by nses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant nation for each program title.	quired tion 50 501(c anizati	for)1(c)(3) :)(4)
	escription:	_	
	nts: \$)	a	
	this amount includes foreign grants, check here		
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	ther program services (describe in Schedule O)		
31 O	their program services (describe in seriedale o)		
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(Gra	theck if this amount includes foreign grants Check if this amount includes foreign grants	ns for P (e) Es amo	eart IV) ctimated ount of ther
(Gra	theck if this amount includes foreign grants Check if this amount includes foreign grants	(e) Es amo of compe	eart IV) citimated ount of ther ensation
(Gra C 32 To Part Chec	theck if this amount includes foreign grants State Program service expenses (add lines 28a through 31a)	(e) Es amo of compe	eart IV) ctimated ount of ther
(Gra C 32 To Part Chec	theck if this amount includes foreign grants List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instruction of if the organization used Schedule O to respond to any question in this Part IV. (a) Name and title (b) Average (c) Reportable compensation hours per week devoted to position posi	(e) Es amo of compe	eart IV) ctimated ount of ther ensation
(Grade) (Grad	theck if this amount includes foreign grants State Program service expenses (add lines 28a through 31a)	(e) Es amo of compe	eart IV) ctimated ount of ther ensation
(Grade) (Grad	theck if this amount includes foreign grants Stall program service expenses (add lines 28a through 31a) IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instruction of the organization used Schedule O to respond to any question in this Part IV. (a) Name and title	(e) Es amo of compe	etimated ount of ther ensation
(Grade (Grad	theck if this amount includes foreign grants Stall program service expenses (add lines 28a through 31a) IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instruction of the organization used Schedule O to respond to any question in this Part IV. (a) Name and title	(e) Es amo of compe \$	etimated ount of ther ensation
(Grading Control of C	theck if this amount includes foreign grants Check if this amount includes foreign grants	(e) Es amo of compe t V.)	ctimated ount of ther ensation
(Grading Control of C	theck if this amount includes foreign grants Check if this amount includes foreign grants	(e) Es amo of compe t V.)	ctimated ount of ther ensation
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Chec Antor Part Chec 33 34 35a 35b	theck if this amount includes foreign grants Check February Check Che	(e) Es amo of compe	etimated ount of ther ensation
(Grad Caracteristics (Grad Caracteristics) (Grad C	theck if this amount includes foreign grants Contact Program service expenses (add lines 28a through 31a)	(e) Es amo of compe	eximated ount of ther ensation 0
(Grade) (Grad	theck if this amount includes foreign grants Contact Program service expenses (add lines 28a through 31a)	(e) Es amo of compe	extimated ount of ther ensation 0

38b	If "Yes," complete Schedule L, Part II and enter the total amount involved.	\$						
39	Section 501(c)(7) organizations. Enter:							
39a	<u>.</u>							
39b	Gross receipts, included on line 9, for public use of club facilities	\$						
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: Section 4911: Section 4912: section 4955:							
40b	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 1.	П	¢					
40c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers of disqualified persons during the year under sections 4192, 4955, and 4958.	0 0 0 0 0 0 0 0 0 0						
40d	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Enter amount of tax on line $40c$ reimbursed by the organization.	0 0 0 0 0 0 0 0						
40e	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.	Г	Ç					
41	List the states with which a copy of this return is filed: IL		************					
42a	The organization books are in care of Anton Inglese, Telephone no. 6302350516 Located at 807 Bernadette Ln, Batavia	a , IL, 60)510					
42b	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)?	Г	Ç					
	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).	0 0 0 0 0 0 0 0 0						
42c	At any time during the calendar year, did the organization maintain an office outside the United States?		₽					
	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:	П	Г					
***************************************	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041: Enter the amount of tax- exempt interest received or accrued during the tax year.	\$	0					
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	П	Ç					
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	Г	Ç					
44c	Did the organization receive any payments for indoor tanning services during the year?	П	Г					
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	П	Г					
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	П	r,					
Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? [18] The second of the 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) 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								
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. e organization used Schedule O to respond to any question in this Part V.		Г					
		Yes	No					
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		₽					
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	П	D					
49a	Did the organization make any transfers to an exempt non-charitable related organization?	П	D					
49b	If "Yes," was the related organization a section 527 organization?		П					
50	Complete this table for the organizations five highest compensated employees (other than officers, directors, trustees,							
***************************************	none							
50f	Total number of other employees paid over \$100,000							
51	Complete this table for the organizations five highest compensated independent contractors who received more than compensation from the organization. If there is none, enter "None."	\$100,00	00 of					
	none							
51d	Total number of other independent contractors each receiving over \$100,000							



Schedule **G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2022

Open To Public Inspection

Department of Treasury Internal Revenue Service

Name of the organization: Rotary Club of Batavia, Illinois Employer identification number: 36-6208137

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

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.

		Revenue						
	(a) Event #1	(b) Event #2		(c) Other events		(d) Total events (add col. (a) through col. (c))		
	Corvette Raffle							
1. Gross Receipts	\$ 124700	\$	0	\$	0	\$ 124700		
2. Less: Contributions	\$ 0	\$	0	\$	0	\$ 0		
3. Gross income (line 1 minus line 2)	\$ 124700	\$	0	\$	0	\$ 124700		
		Direct Expenses						
4. Cash prizes	\$ 54000	\$	0	\$	0	\$ 54000		
5. Noncash prizes	\$ 0	\$	0	\$	0	\$ 0		
6. Rent/facility costs	\$ 0	\$	0	\$	0	\$ 0		
7. Food and beverages	\$ 0	\$	0	\$	0	\$ 0		
8. Entertainment	\$ 0	\$	0	\$	0	\$ 0		
9. Other direct expenses	\$ 13086	\$	0	\$	0	\$ 13086		
10. Direct expense summary.	Add lines 4 through 9 in column	(d)				\$ 67086		
11. Net income summary. Sub	otract line 10 from line 3, column	(d)				\$ 57614		

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.

				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		\$	0	\$	0	\$	0	\$ 0
				Direct Expenses				
	(a) Bingo			(b) Pull tabs / instant bingo / progressive bing		(c) Other gaming		(d) Total gaming (add col. (a) through col. (c))
2. Cash prizes	0 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$	0	\$	0	\$	0	\$ 0
3. Noncash prizes		\$	0	\$	0	\$	0	\$ 0
4. Rent / facility costs		\$	0	\$	0	\$	0	\$ 0
5. Other direct expenses	*	\$	0	\$	0	\$	0	\$ 0
6. Volunteer labor		\$	0	□ \$	0	 \$	0	
7. Direct expense summary.	Add lines 2 through 5 in	col	um	n (d)		······		\$ 0
8. Net income summary. Sub	otract line 7 from line 1,	colu	ımr	າ (d)				\$ 0
9. Enter the state(s) in which	n the organization condu	cts	gaı	ming activities:				
9a. Is the organization licens	sed to conduct gaming a	ctiv	itie	s in each of these states?				П
9b. If "No," explain:								
10a. Were any of the organiz	zations gaming licenses i	revo	ke	d, suspended, or terminated	d d	uring the tax year?		
10b. If "Yes," explain:								

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?	
13. Indicate the percentage of gaming activity conducted in:	
13a. The organizations facility	
13b. An outside facility	
14. Enter the name and address of the person who prepares the organizations gaming/special events books and records:	
, , AL	
Is this a business?	
15a. Does the organization have a contract with a third party from whom the organizations receives gaming revenue?	
15b. If "Yes," to 15a., enter the amount of gaming revenue received by the organization	
and the amount of gaming revenue retained by the third party.	
15c. If "Yes," to 15a., enter name and address of the third party:	
, , AL	
Is this a business?	
16. Gaming manager information:	
Is this a business?	
Name:	
Gaming manager compensation:	
Description of services provided:	
□ Director / officer	
□ Employee	
☐ Independent contractor	
17. Mandatory distributions:	
17a. Is the organization required under state law to make charitable contributions from the gaming proceeds to retain the state gaming license?	
17b. Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organizations own exempt activities during the tax year:	1 - 600 - 0 - 0 - 0 - 0 - 0 - 0 - 0

Schedule **O** (Form 990 or 990-EZ)

Supplemental Information to Form 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attached to Form 990 or Form 990-EZ.

OMB No. 1545-1150

2022

Open To Public Inspection

Department of Treasury Internal Revenue Service

Name of the organization: Rotary Club of Batavia, Illinois Employer identification number: 36-6208137

Additional information, entered into Schedule O:

Batavia Moose Lodge Moose-A-Palooza sponsorship 500.00 Batavia Chamber of Commerce Harvest Celebration Sponsorship 210.00 W.C. "Buzz" Miller 2nd Early Bird Winner 500.00 Kane County Sheriff Explorer Post support in memory of Roland Treiber 1,000.00 Batavia United Way Success By 6 5,000.00 Marklund Children's Home Therapeutic Chairs 1,045.00 Fox Valley Patriotic Org. Flag Day Memorial 5,000.00 Fox Valley Food for Health Facility Improvements 5,000.00 ChildrenUP Kenyan Education Support 1,000.00 Valley Sheltered Workshop Grant 5,000.00 Making Kane Fit For Kids Walk to School Day 500.00 Batavia Parks Foundation Peace on Earth sign 1,000.00 Fox Valley Christian Action Camp fees for Batavia children 1,500.00 Batavia Interfaith Food Pantry Support for food pantry with \$500 district matching grant 1,250.00 PolioPlus Foundation Trivia Night proceeds + \$2,732.54 club match 7,732.54 The Rotary Foundation Ecuador Global Grant Club Match 2,457.00 Sheriff's Collaboration Diversion To support county care collections 1,000.00 Harvest Celebration Sponsorship 250.00 Chip-In Batavia Targeted donation for fire victims 1,000.00 Tri-City Literacy Trivia Fund Raiser 400.00 Waubonsee Community College Roland Treiber CTE Scholarship 1,000.00 RSVP RSVP website upgrade 900.00 Batavia United Way Community Assistance Fund (CAF) 5,000.00 Second Act Scene 2 Mental Health Assistance 2,000.00 Paramount Arts REACH Community Arts Awareness 1,000.00 Making Kane Fit For Kids Walk to School Day 700.00 Lazarus House Emergency Shelter Operations 2,500.00 Fox Valley Special Rec Found. Daybreak Adult Program 2,500.00 Donka, Inc. Training for disabled 2,000.00 Batavia Parks Foundation Peace Day sponsor 2,000.00 Shelter Box USA Disaster Relief Services 3,000.00