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Form **990-EZ**

Department of the 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 black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01 , 2009, and ending 06-30 , 20 10

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
ROTARY INTERNATIONAL-PEORIA NORTH

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 9062

City or town, state or country, and ZIP + 4
Peoria, IL 61612

D Employer identification number
37-0923055

E Telephone number
(309) 683-3230

F Group Exemption Number ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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: ▶ PEORIANORTHROTARY.ORG

J Tax-exempt status (check only one) - ☒ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 117,301

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	111,784
	4	Investment income		4	398
	5a	Gross amount from sale of assets other than inventory	5a 5,119		
	b	Less cost or other basis and sales expenses	5b 4,010		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	1,109
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) STM101		6c	
	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 ▶)		8	
	9	**Total revenue** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	113,291
Expenses	10	Grants and similar amounts paid (attach schedule) STM122		10	17,342
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	25,739
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	3,156
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ STM130)		16	61,577
	17	**Total expenses** Add lines 10 through 16		17	107,814
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	5,477
	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	49,649
	20	Other changes in net assets or fund balances (attach explanation) STM104		20	1,267
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	56,393

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	50,017	22	56,802
23	Land and buildings		23	
24	Other assets (describe ▶)		24	
25	Total assets	50,017	25	56,802
26	Total liabilities (describe ▶ STM132)	368	26	409
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	49,649	27	56,393

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? SERVICE ORGANIZATION

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	WEEKLY MEETINGS HELD WITH SPEAKERS. PURPOSE OF MEETINGS TO INCREASE AWARENESS OF COMMUNITY AND SOCIAL ISSUES. (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	53,678
29	STUDENT RECOGNITION. OUTSTANDING STUDENTS ARE RECOGNIZED FOR THEIR ACADEMIC AND VOLUNTEER SERVICE TO THE COMMUNITY. (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	247
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	53,925

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
PAULA BERGSTRESSER PO BOX 9062 Peoria IL, 61612	EXECUTIVE SECRE 35	25,739	0	0
KIM SANDERS PO BOX 9062 Peoria IL, 61612	PRESIDENT 5	0	0	0
MARK ROBERTS PO BOX 9062 Peoria IL, 61612	VICE-PRESIDENT 1	0	0	0
MICHELLE ANDERSON PO BOX 9062 Peoria IL, 61612	SECRETARY 2	0	0	0
RICHARD MARSHO PO BOX 9062 Peoria IL, 61612	TREASURER 2	0	0	0
BILL PAPE PO BOX 9062 Peoria IL, 61612	IMM. PAST PRESI 1	0	0	0
SUZANN SEVERSON PO BOX 9062 Peoria IL, 61612	DIRECTOR 1	0	0	0
BECKY BONFOEY PO BOX 9062 Peoria IL, 61612	DIRECTOR 1	0	0	0
MARK WHITLOCK PO BOX 9062 Peoria IL, 61612	DIRECTOR 1	0	0	0
MIKE LIED PO BOX 9062 Peoria IL, 61612	DIRECTOR 1	0	0	0
PEGGY ARIZZI PO BOX 9062 Peoria IL, 61612	DIRECTOR 1	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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 period covered by this return?	38a		X
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			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ _____			
42 a	The organization's books are in care of ▶ PAULA BERGSTRESSER Telephone no ▶ 309-683-3230			
	Located at ▶ PO BOX 9062 Peoria, IL ZIP + 4 ▶ 61612			
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		X
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	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
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

			Yes	No
46	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	46		
47	Did the organization engage in lobbying activities? 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		
49 a	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 address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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 address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

Sign Here

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

MATA PRESIDENT 10-21-10

Signature of officer Date

MARK ROBERTS PRESIDENT

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's Identifying No (See inst.)
Rodney A Ringger, CPA	10/12/2010	▶ [X]	P00130026

Firm's name (or yours if self-employed), address, and ZIP + 4

Rodney A Ringger, CPA
2000 W Pioneer Parkway, Suite 5
Peoria, IL 61615

EIN ▶ 37-1271993

Phone no ▶ 309-692-3322

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes [ ] No

Name(s) as shown on return: ROTARY INTERNATIONAL-PEORIA NORTH

FEIN: 37-0923055

Form 990EZ, Part I, Line 5(c)
Gain(Loss) from Sale of Public Securities Schedule

Statement #101

Gross Sales	$2,391
Sales Expense	$
Total Net	$
Basis	$2,005
Gross Sales	$2,728
Sales Expense	$
Total Net	$
Basis	$2,005

Form 990EZ, Part I, Line 10
Grants and Similar Amounts Paid Schedule

Statement #122

				Amount	Relationship
Activity	DISTRICT DUES			5,611	PER CAPITA DUES
Grantee	ROTARY DISTRICT 6460				
Address	123 S 7TH STREET				
	Springfield	IL	62705		
Activity	INTERNATIONAL DUES			11,731	PER CAPITA DUES
Grantee	ROTARY INTERNATIONAL				
Address	1560 SHERMAN AVENUE				
	Evanston	IL	60201		
			Total	17,342	

	Federal Supporting Statements	2009
Name(s) as shown on return		FEIN

Form 990EZ, Part I, Line 16
Other Expenses Schedule 2

Description	Amount
MEETING EXPENSES	53,678
STUDENT GUEST MEALS	247
PAYROLL TAXES	2,107
POSTAGE	777
COVENTION AND TRAVEL	2,228
OFFICE SUPPLIES	427
INSURANCE	1,480
MEMBER RECOGNITION	200
MILEAGE REIMBURSEMENTS	433
Total	61,577

Form 990EZ, Part II, Line 26
Other Liabilities Schedule 3

Description	Beginning of Year	End of Year
PAYROLL TAXES WITHHELD	368	409
Total	368	409

Form 990EZ, Part I, Line 20
Other Changes in Net Assets Schedule

Description	Amount
UNREALIZED GAIN ON SECURITIES	1,267
Total	1,267