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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder 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.

A For the 2009 calendar year, or tax year beginning

07-01, 2009, and ending

06-30, 2010

B Check if applicable

☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pendingPlease
use IRS
label or
print or
type
See
Specific
Instruc-
tions

C Name of organization

ROTARY INTERNATIONAL-PEORIA NORTH

Number and street (or P.O. box, if mail is not delivered to street address)

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) ►

I Website: ► PEORIANORTHROTARY.ORG

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

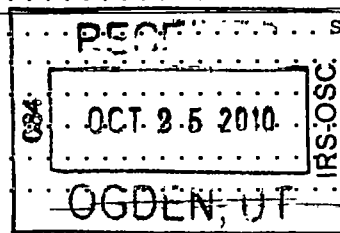
H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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)

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)	6c	STM101
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
10	Grants and similar amounts paid (attach schedule)	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
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)	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	56,802
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets	50,017	56,802
26 Total liabilities (describe ► STM132)	368	409
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	49,649	56,393

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990-EZ (2009)

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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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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		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)? 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.	42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country	42c	X
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	
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"

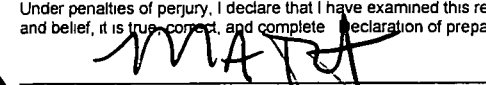
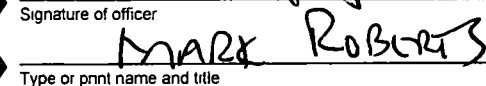
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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.			
	 Signature of officer		PRESIDENT Date 10-21-10	
Paid Preparer's Use Only	 Type or print name and title		PRESIDENT	
	Preparer's signature		Date 10/12/2010	
	Firm's name (or yours if self-employed), address, and ZIP + 4		Check if self-employed ☒	
	Rodney A Ringger, CPA 2000 W Pioneer Parkway, Suite 5 Peoria, IL 61615		Preparer's Identifying No (See inst) EIN 37-1271993 Phone no 309-692-3322	

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

Federal Supporting Statements

2009 PG 01

Name(s) as shown on return

FEIN

ROTARY INTERNATIONAL-PEORIA NORTH

37-0923055

Form 990EZ, Part I, Line 5(c)

Statement #101

Gain(Loss) from Sale of Public Securities Schedule

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

Statement #122

Grants and Similar Amounts Paid Schedule

Activity		Amount	Relationship
DISTRICT DUES		5,611	PER CAPITA DUES
Grantee	ROTARY DISTRICT 6460		
Address	123 S 7TH STREET		
	Springfield IL 62705		
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

<u>Description</u>	<u>Amount</u>
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	<u>61,577</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
PAYROLL TAXES WITHHELD	368	409
Total	<u>368</u>	<u>409</u>

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

<u>Description</u>	<u>Amount</u>
UNREALIZED GAIN ON SECURITIES	1,267
Total	<u>1,267</u>