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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

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f	orm 99	90-EZ or Form	n 990 re	atur	m	ı is ı	not r	requ	ired,	but if	the	orga	anizat	ion c	roos	es to	file a	return,	be s	ure to file	a comp	dete re	tum.			
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27	' Ne	et assets o	r fund t	ba	ala	anc	es (	(line	27	of col	lumi	n (B)	) mu	st ag	ree v	with	line 2	11) .		1 7	3 2	06	27		9 0	8 4

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

Cat. No. 106421

Form **990-EZ** (2009)

Par	III Statement of Program Service Accom	plishments (See the	instr	uctions for Part II	11	ī	Frances
	is the organization's primary exempt purpose?	<del></del>				/B~	Expenses ured for section
	ribe what was achieved in carrying out the org						(3) and 501(c)(4)
	er, describe the services provided, the number of						nizations and section
	program title.	or persons benefited,	ano (	outer relevant into	rmauon ior		a)(1) trusts; optional
	<u> </u>					for ot	hers )
	SUPPORT UNDER PRIVIL				2271		
	SUPPORT SPECIAL MEED	S CHILDR	بر بم	·	2669		
	YOUTH SCHOLARSHI	ع حر			6000		
	(Grants \$ ) If this amount	includes foreign grant	s, ch	eck here	. ▶ □	28a	10940
29	YOUTH COMMUNITY SE	RVICE PRO	G R	A H 5	4144		
	CITIZEN OF YEAR						
	TEACHER OF YEAR						
		includes foreign grant				29a	5864
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	(Grants \$ ) If this amount	upoludos foroigo grant		ook boro		200	1050
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	Other program services (attach schedule) (Grante \$	includes foreign		ook boss	· · ·		
		includes foreign grant				31a	. = 6
32 Pari	Total program service expenses (add lines 28a					32	17854
Par	V List of Officers, Directors, Trustees, and Key		one e	<del></del>			<u></u>
	(a) Name and address	(b) Title and average hours per week		(c) Compensation (If not paid,	(d) Contributio employee benefit		(e) Expense account and
		devoted to position		enter -0)	deferred comper	nsation	other allowances
<u>57</u>	EVE JACKSON						
48	25 GRAND VIEW PED HET, IL	PRESIDNI	2	0		0	<i>b</i>
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			<u></u>
			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		~
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		<b>V</b>
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.	,		
а	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		
ь	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		~
37a	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		/
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 period covered by this return?	38a		✓_
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1 1		
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9	1 1		
b	Gross receipts, included on line 9, for public use of club facilities	4 1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶			
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		<b>'</b>
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			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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. ► / LLINO IS			
42a	The organization's books are in care of ▶ JEFF POEDEN Telephone no. ▶ 30	9 . 6	94	446
		611		
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		Yes	No
	account)?	42b		
	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		/
	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			
44	Did the experientian manufacture and described from the 15 May 19	$\longrightarrow$	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		-	
45		44		
40	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	AE-	ı	
	. es, . e ee man of completed noticed of the control of the con	45		

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) none 47(a)(1) nonexempt chari nd 51.	xempt charital table trusts mu	ole trusts only. A st answer questic	II sec ons 40	tion 5-49	b			
46	Did the organization engage in direct or indirect	political campaign activiti	es on behalf of o	r in opposition to		Yes	No			
	candidates for public office? If "Yes," complete				46		~			
	Did the organization engage in lobbying activitie				47		~			
	Is the organization a school as described in section				48		<u> </u>			
	Did the organization make any transfers to an exempt non-charitable related organization?									
_ b	If "Yes," was the related organization a section 5	627 organization?			49b		<u> </u>			
50	Complete this table for the organization's five hi employees) who each received more than \$100,	gnest compensated emplo NNN of compensation from	yees (other than the organization	officers, directors, t	ruste	es an	d key			
		(b) Title and average	(c) Compensation			Expen				
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	(,,,	employee benefit plans & deferred compensation	ac	count a	and			
	- NONE -	devoted to position		- Gordina Gamparadian	Outer	anowa	IIICES .			
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f	Total number of other employees paid over \$100	000			L					
	\$100,000 of compensation from the organization  (a) Name and address of each independent contractor	·	<u>,</u>	pe of service	(c) Cor	nnenss				
	- NONE -	F	(2),,	po di da liac	(0,00)	пропос				
d	Total number of other independent contractors e	each receiving over \$100.00	<u> </u>	I.						
_	rotal humber of other independent contractors e	acirreceiving over \$100,00	<b>-</b>	·						
	Under penalties of penjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including accompany of preparer (other than officer) is b	ying schedules and sta ased on all information	itements, and to the bes	t of my any kno	knowk wledge	edge e			
Sign		,								
Here	4 / m en	<b>—</b>		12-10-	10					
	Signature of officer			Date						
	A JAMES DOOLE	Y PRESIDENT	· ELECT	12-10-	16					
	Type or print name and title			Towns and the second	h '0					
Paid	Preparer's signature	Date	Check if self-	Preparer's identifying nurr	ider (See	nstruc	IIONS)			
Prepare	Firm's name (or		employed ▶ _	<u> </u>						
Use Onl	y yours if self-employed), address, and ZIP + 4		EI							
May the	e IRS discuss this return with the preparer shown	above? See instructions		none no 🕨	Yes		No			
	The state of the s		<u> </u>	For			(2009)			

## SCHÈDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

PEORIA KIWANIS FOUNDATION 37: 6045577 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** Type II c Type III-Functionally integrated **d** Type III-Other e I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11g(i) \_ (ii) A family member of a person described in (i) above? . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of in col (i) listed in your organization (described on lines 1-9) the organization in organization in col support above or IRC section governing document? col. (i) of your (i) organized in the (see instructions)) US? support? Yes No Yes Yes

**Total** 

	Support Schedule for Org (Complete only if you chec	ked the box	on line 5, 7,	or 8 of Part I	/0(b)(1)(A)(iv)  .)	and 170(b)(	(1)(A)(vi) 
	tion A. Public Support						
Ca	elendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	·				ļ	
5 6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support	<u> </u>		·		1	1
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		- <del>  -   -   -   -   -   -   -   -   -</del>	· · · · · · · · · · · · · · · · · · ·		(,,	"
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			,			
11	Total support. Add lines 7 through 10 .		L	<u> </u>			
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re		nd, third, fourth	n, or fifth tax y	ear as a secti	on 501(c)(3)
	tion C. Computation of Public Su			<del></del>		T	
14	Public support percentage for 2009 (line		-			14	<u>%</u>
15	Public support percentage from 2008 Scl					15	<u>%</u>
16a	33% % support test—2009. If the organic						
_	and <b>stop here.</b> The organization qualifies						
b	33% % support test—2008. If the organization qua						
172	10%-facts-and-circumstances test — 20						
	more, and if the organization meets the "facts-and-circum	acts-and-circui	mstances" test,	check this box	and stop here	. Explain in Par	t IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "f organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circun inces" test. The	nstances" test, o organization qu	check this box a	and <b>stop here</b> . cly supported or	Explain in Part ganization .	t IV how the
				_,,,	, Gricon tillo	227 WIG 300 HI	

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	<u> </u>			<del></del> -		
$\overline{}$	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(1) 2000	(2) 2000	(0, 200.	(4) 2000	(6) 2000	(1) 10121
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8411	6238	2500	3163	2860	23172
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	11692	7959	10482	21374	10574	62081
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	o	0	0	o
5	The value of services or facilities furnished by a governmental unit to the	o	6	0	Ó	0	<b>a</b>
_	organization without charge	20103	14197	12982	24537	13334	85253
6	Total. Add lines 1 through 5	20103	19171	14982	2435/	13339	83433
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	ه	0	0		0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	0	0	٥	0	0	0
С	Add lines 7a and 7b	0	0	0	U	0	٥
8	Public support (Subtract line 7c from line 6.)						85253
Sec	tion B. Total Support						
Ca	elendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	20103	14197	12982	24537	13334	85253
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar		_			_	
	sources	234	324	281	307	805	1354
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	ø	٥	0	o	<sub>D</sub>	٥
_	acquired after June 30, 1975  Add lines 10a and 10b	234	324	781	307	308	1354
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly					(0)	1337
40	carned on	0	0	0	٥	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	٥	0	0	0	0	٥
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	20337	14521	13263	24844	13642	86607
14	First five years. If the Form 990 is for organization, check this box and stop	here		nd, third, fourth	•		on 501(c)(3)
Sec	tion C. Computation of Public Su	pport Percei	ntage				
15	Public support percentage for 2009 (lin			ne 13, column	(f))	15	98.5%
16	Public support percentage from 2008 S			<u> </u>	<u> </u>	16	98,8 %
Sec	tion D. Computation of Investmen	nt Income Po	ercentage				
17	Investment income percentage for 200	9 (line 10c, col	lumn (f) divide	d by line 13, c	olumn (f)) .	17	1.5 %
18	Investment income percentage from 20					18	1.2 %
19a	331/3 % support tests—2009. If the organism not more than 331/3 %, check this b						
b	33% % support tests – 2008. If the organ line 18 is not more than 33% %, check this	uzation did not	check a box or	n line 14 or line	19a, and line 1	6 is more than	331/3 %, and
20	Private foundation. If the organization		_				_

Schedule A (F	-om 990 or 990-EZ) 2009	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required I	by Part II, line 10;
	Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information.	See instructions.
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