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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 7/1 , 2010, and ending 6/30 , 20 11

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

C Name of organization: Rotary Club of Peoria

Number and street (or P.O. box, if mail is not delivered to street address): 416 Main St.

Room/suite: 420

City or town, state or country, and ZIP + 4: Peoria, IL 61602

D Employer identification number: 37-0493235

E Telephone number: 309-676-5432

F Group Exemption Number ▶ 0573

G Accounting Method: ☐ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ peoriarotary@ameritech.org

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

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 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 $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $

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	
	2	Program service revenue including government fees and contracts		2	18784.00
	3	Membership dues and assessments		3	44387.00
	4	Investment income		4	1119.09
	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		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a	117313.00	
	b	Less: cost of goods sold	7b	37707.40	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	79605.60
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	143895.69
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	71036.23
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	39239.36
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	9763.41
	15	Printing, publications, postage, and shipping		15	1773.16
	16	Other expenses (describe in Schedule O)		16	9755.38
	17	**Total expenses.** Add lines 10 through 16		17	131567.54
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	12328.15
	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	131152.55
	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	143480.70

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10642I Form **990-EZ** (2010)

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	131152.55	22	143480.70
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	0	25	0
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	131152.55	27	143480.70

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

What is the organization's primary exempt purpose? service club

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, and other relevant information for each program title.

28 See schedule attached

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 28a

29

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 30a

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

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 . . . . . ☐

(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
Melody Roberts 416 Main St., Ste. 420, Peoria, IL 61602	Executive Director - 40 hrs.	35144.00	1407.00	0
Brigitte Grant 2128 N. Knoxville, Peoria, IL 61603	President - 1 hr.	0	0	0
James Cote 9092 N. University, Peoria, IL 61615	Vice President - 0 hrs.	0	0	0
Diana Hall 7720 Crestline Dr., Peoria, IL 61614	Secretary - 1 hr.	0	0	0
Don Hartshorn 411 Hamilton Blvd., Peoria, IL 61602	Treasurer - 0 hrs.	0	0	0
Debbie Sippel 1612 NE Adams, Peoria, IL 61602	Director - 0 hrs.	0	0	0
Ray Lees 610 Water Street, Peoria, IL 61602	Imm. Past Pres. - 0 hrs.	0	0	0
Brenda Coates 100 S. Richard Pryor Blvd., Peoria, IL 61607	Director - 0 hrs.	0	0	0
Bill Winkler 413 Adams St., Peoria, IL 61603	Director - 0 hrs.	0	0	0
John Day 9120 N. Prospect, Peoria, IL 61614	Director - 0 hrs.	0	0	0
Patrick Kirchhofer 2012 N. University, Peoria, IL 61604	Director - 0 hrs.	0	0	0
Robbie Robertson 1946 Tomar Ct., Peoria, IL 61615	Director - 0 hrs.	0	0	0

Part V **Other Information** (Note the 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 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		✓
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	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 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) and 501(c)(4) 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) 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		✓
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Melody Roberts Telephone no. ▶ 309-676-5432			
	Located at ▶ 416 Main St., Peoria, IL ZIP + 4 ▶ 61602			
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: ▶ 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 ▶	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		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		✓
a	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)	46a		
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 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 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? 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 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 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts 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 — Date: 11/8/11

▶ Melody Roberts, Executive Director
Type or print name and title

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

SUPPLEMENTAL INFORMATION TO 990 EZ - 2010
ROTARY CLUB OF PEORIA
Employer ID 37-0493235

LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID (BREAKDOWN)

SCHOLARSHIP ALLOCATIONS: Funds are sent to each school to be applied as tuition remission for each student. Scholarship recipients may not be related of personally acquainted with club members.	
Bradley University 1501 W. Bradley Ave. Peoria, IL 61615	5,000.00
Illinois Central College Foundation One College Dr. East Peoria, IL 61631	5,000.00
Contribution to The Rotary Foundation	2,000.00
American Red Cross - Central IL Chapter - donation for helmets for bicycle safety clinic	750.00
5 K for Wishes Race - Race Sponsorship fee to benefit Make A Wish Foundation	500.00
Center for Prevention of Abuse - Contribution to establish a vegetable garden for residents at the Center	1,000.00
Wheelchair Basketball Dinner for IHSA wheelchair athletes and families	1,667.88
Reading Program @ Garfield School - books, software & lunches for students	1,007.00
HUNGER GRANTS ALLOCATIONS - Funds given to organization who provide basic need services to individuals	
Center for Prevention of Abuse	250.00
American Red Cross	250.00
Common Place	700.00
Family Core	700.00
Heart of Illinois Harvest	700.00
Peoria Rescue Mission	700.00
Percapita Dues to Rotary District 6460	7,968.00
Per Capita Dues to Rotary International	16,128.84
Contribution to Rotary Club of Peoria Endowment Fund @ Community Foundation of Central Illinois	1,500.00
Group Study Exchange - Vocational program	355.41
Contribution to Haute - International Service Project	800.00
Sterling Merit Banquet - Academic recognition banquet for top 8% of graduating seniors @ 15 high schools	22,787.78
Stand Down for Homeless Veterans Project - purchase hats & gloves for homeless veterans	460.34
RYLA - scholarships to Rotary Youth Leadership conference for high school students	400.00
Student Guest Program - visits from high school seniors to weekly Rotary meetings for recognition	411.00
TOTAL LINE 10 (Grants and similar amounts paid)	**71,036.23**

LINE 16 - OTHER EXPENSES

CONFERENCE & SPECIAL MEETINGS (including Intl. Convention Expenses)	5,405.99
MEMORIALS & FLOWERS	50.00
Flags for Speaker Gifts	593.13
Weekly Program Expenses (speaker meals & special a/v rental charges)	1,184.86
Bonds & Insurance	2,286.40
Annual Chamber of Commerce Dues	235.00
TOTAL LINE 16 (Other Expenses)	**9,755.38**