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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Form 990-EZ

Department of the Treasury
Internal Revenue Service

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. 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.

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning and ending

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

C Name of organization
ROTARY CLUB OF PEORIA-NORTH FOUNDATION
 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
37-1373819

E Telephone number
309-683-3230

F Group Exemption Number **▶**

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: **▶ WWW.PEORIANORTHROTARY.ORG**

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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 **▶ \$ 66,504.**

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	47,044.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	7,356.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	6b	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	12,104.
	6c	Less: direct expenses from gaming and fundraising events	6c	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	12,104.
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	66,504.
	Net Assets	10	Grants and similar amounts paid (list in Schedule O)	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	
13		Professional fees and other payments to independent contractors	13	
14		Occupancy, rent, utilities, and maintenance	14	
15		Printing, publications, postage, and shipping	15	
16		Other expenses (describe in Schedule O)	16	10,012.
17		Total expenses. Add lines 10 through 16	17	60,175.
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,329.
Net Assets	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	280,781.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	25,916.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	313,026.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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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	29,185.	32,166.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	251,596.	280,860.
25 Total assets	280,781.	313,026.
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)	280,781.	313,026.

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
 ☒

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and 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 PROVIDE VOLUNTEER AND FINANCIAL SUPPORT TO VARIOUS CHARITABLE, SCIENTIFIC, LITERARY, CULTURAL AND EDUCATIONAL PROGRAMS IN THE GREATER PEORIA AREA (Grants \$ 33,411.) If this amount includes foreign grants, check here	28a 308.
29 PROVIDE SCHOLARSHIP FUNDS FOR QUALIFIED, DESERVING STUDENTS GRADUATING IN THE CURRENT YEAR FROM PEORIA-AREA HIGH SCHOOLS. (Grants \$ 14,500.) If this amount includes foreign grants, check here	29a
30 RECOGNIZE OUTSTANDING PEORIA-AREA HIGH SCHOOL SENIORS THROUGH SPONSORSHIP OF STERLING MERIT BANQUET (Grants \$) If this amount includes foreign grants, check here	30a 4,000.
31 Other program services (describe in Schedule O) SEE SCHEDULE O (Grants \$ 3,991.) If this amount includes foreign grants, check here	31a 3,940.
32 Total program service expenses (add lines 28a through 31a)	32 8,248.

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JAMES MCCORMICK				
DIRECTOR	1.00	0.	0.	0.
GREG RASHID				
DIRECTOR	1.00	0.	0.	0.
DAVE HIGGS				
DIRECTOR	1.00	0.	0.	0.
JEREMY SEMONIS				
DIRECTOR	1.00	0.	0.	0.
DICK MARSHO				
DIRECTOR	1.00	0.	0.	0.
ALAN LEE				
DIRECTOR	1.00	0.	0.	0.
CAROL HULTGREN				
DIRECTOR	1.00	0.	0.	0.
JIM YOCUM				
DIRECTOR	1.00	0.	0.	0.

**ROTARY CLUB OF PEORIA-NORTH
FOUNDATION**

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
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)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
37b Did the organization file Form 1120-POL for this year?		X
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?		X
38b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
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		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 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
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		X
41 List the states with which a copy of this return is filed ▶ IL		
42a The organization's books are in care of ▶ PAULA BERGSTRESSER Telephone no. ▶ 309-683-3230 Located at ▶ 602 MT. HAWLEY, PEORIA, IL ZIP + 4 ▶ 61614		
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.		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: ▶		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 N/A		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X
c Did the organization receive any payments for indoor tanning services during the year?		X
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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b 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)		

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	Yes	No
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	X

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
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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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." **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 <i>Carol Hultgren</i>	Date <i>6/6/13</i>
	Type or print name and title <i>CAROL HULTGREN</i>	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ALAN J. WILLADSEN	<i>Alan Willadsen</i>	<i>5/7/13</i>		P00072161
	Firm's name ▶ HEINOLD-BANWART, LTD.	Firm's EIN ▶ 37-1196235			
	Firm's address ▶ 2400 N. MAIN STREET EAST PEORIA, IL 61611-1795	Phone no. (309) 694-4251			

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

Department of the Treasury
Internal Revenue Service

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

2012

Open to Public Inspection

Employer identification number
37-1373819

Part I	Reason for Public Charity Status (All organizations must complete this part) See instructions.
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The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention, association 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.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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: _____

5 ☐ 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.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 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 - Non-functionally integrated

e ☐ 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)

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g ☐ 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) and (iii) below, the governing body of the supported organization?

(ii) ☐ A family member of a person described in (i) above?

(iii) ☐ A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
5 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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2012

ROTARY CLUB OF PEORIA-NORTH

Schedule A (Form 990 or 990-EZ) 2012 **FOUNDATION**

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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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	50,484.	44,071.	43,947.	57,510.	47,044.	243,056.
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	11,920.	10,638.	11,212.	11,491.	12,104.	57,365.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	62,404.	54,709.	55,159.	69,001.	59,148.	300,421.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						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.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6)						300,421.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	62,404.	54,709.	55,159.	69,001.	59,148.	300,421.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,282.	3,950.	3,046.	6,376.	7,356.	24,010.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,282.	3,950.	3,046.	6,376.	7,356.	24,010.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)	65,686.	58,659.	58,205.	75,377.	66,504.	324,431.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	92.60	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	94.41	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	7.40	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	5.59	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**ROTARY CLUB OF PEORIA-NORTH FOUNDATION
37-1373819
DECEMBER 31, 2012
ATTACHMENT TO FORM 990
SCHEDULE OF CASH GRANTS AND ALLOCATIONS**

DONEE	DONEE'S ADDRESS	AMOUNT
Peoria School District #150	Peoria, IL	7,838
Rotary International	Chicago, IL	8,942
Shreyas Sudhakar- Kress Scholarship	Peoria, IL	2,500
Illinois Central College Educational Foundation	East Peoria, IL	7,000
Bradley University	Peoria, IL	6,000
Children's Hospital of IL	Peoria, IL	1,000
Cancer Center for Healthy Living	Peoria, IL	712
South Side Mission	Peoria, IL	2,000
Girl Scouts of Central IL	Peoria, IL	1,500
Center for Prevention of Abuse	Peoria, IL	1,681
Look It's My Book	Peoria, IL	288
Alzheimer's Association	Peoria, IL	246
Women's Pregnancy Center	Peoria, IL	288
Children's Home Association	Peoria, IL	1,000
Crittenton Center	Peoria, IL	2,630
Dunlap High School	Dunlap, IL	100
Greater Peoria Family	Peoria, IL	500
Upgrade Foundation	Peoria, IL	246
Junior Achievement	Peoria, IL	500
Mental Health Association	Peoria, IL	1,335
Neighborhood House	Peoria, IL	1,500
EPIC	Peoria, IL	885
Potentials Foundation	Peoria, IL	150
Peoria Historical Society	Peoria, IL	25
Sun Foundation	Lacon, IL	1,000
	Peoria, IL	150
	Peoria, IL	150
	Peoria, IL	150
	Peoria, IL	150
	Peoria, IL	150
	Peoria, IL	150
	Peoria, IL	150
	Peoria, IL	150
	Peoria, IL	150
		51,216

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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2012

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Inspection

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FOUNDATION**

Employer identification number
37-1373819

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

DIVIDEND 4,231.

INTEREST 9.

CGD 3,116.

TOTAL INCLUDED ON FORM 990-EZ, LINE 4 7,356.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: ADOPT A SCHOOL

GRANTEE NAME:

PROPERTY DESCRIPTION: SCHOOL SUPPLIES

AMOUNT GIVEN: 700.

ACTIVITY CLASSIFICATION: COMMUNITY SUPPORT

GRANTEE NAME:

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 14,901.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME:

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 2,400.

ACTIVITY CLASSIFICATION: SCHOLARSHIPS

GRANTEE NAME:

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PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 8,000.

ACTIVITY CLASSIFICATION: SERVICE ABOVE SELF

GRANTEE NAME:

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 1,602.

ACTIVITY CLASSIFICATION: PAUL HARRIS FELLOW

GRANTEE NAME:

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 1,015.

ACTIVITY CLASSIFICATION: KRESS SCHOLARSHIP

GRANTEE NAME:

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 2,500.

ACTIVITY CLASSIFICATION: LITERACY PROGRAM

GRANTEE NAME:

PROPERTY DESCRIPTION: BOOKS

AMOUNT GIVEN: 1,126.

ACTIVITY CLASSIFICATION: PRESIDENT'S AWARD

GRANTEE NAME:

PROPERTY DESCRIPTION: CASH

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AMOUNT GIVEN: 1,000.

ACTIVITY CLASSIFICATION: ROTARACT

GRANTEE NAME:

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 1,000.

ACTIVITY CLASSIFICATION: RYLA

GRANTEE NAME:

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 975.

ACTIVITY CLASSIFICATION: SCOOTER

GRANTEE NAME:

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 2,410.

ACTIVITY CLASSIFICATION: INTERACT

GRANTEE NAME:

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 1,000.

ACTIVITY CLASSIFICATION: MISCELLANEOUS

GRANTEE NAME:

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 1,006.

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ACTIVITY CLASSIFICATION: DICTIONARY PROJECT

GRANTEE NAME:

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 2,553.

ACTIVITY CLASSIFICATION: LAMOUREAUX SCHOLARSHIP

GRANTEE NAME:

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 4,000.

ACTIVITY CLASSIFICATION: PHF AWARD

GRANTEE NAME:

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 1,058.

ACTIVITY CLASSIFICATION: GRANT PROJECTS

GRANTEE NAME:

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 1,500.

ACTIVITY CLASSIFICATION: GSE

GRANTEE NAME:

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 1,417.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 50,163.

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FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
FEES & LICENSES	25.
STERLING MERIT AWARD	4,000.
TOY DRIVE EXPENSE	3,470.
NATIONAL INTERNATIONAL PROJECTS	1,991.
LOCAL PROJECTS	470.
FRED SWEAT	56.
TOTAL TO FORM 990-EZ, LINE 16	10,012.

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
UNREALIZED DEPRECIATION ON INVESTMENTS	25,916.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
LONG-TERM INVESTMENTS	251,496.	280,760.
ACCOUNTS RECEIVABLE	100.	100.
TOTAL TO FORM 990-EZ, LINE 24	251,596.	280,860.

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PROVIDE CHARITABLE
VOLUNTEER AND FINANCIAL SUPPORT IN THE GREATER PEORIA AREA AND PROMOTE
THE OBJECTIVES OF ROTARY INTERNATIONAL**

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

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PROVIDE ADDITIONAL SUPPORT TO ROTARY AFFILIATES ROTARACT AND INTERACT;

WORK PROJECTS DURING COURSE OF THE YEAR

GRANTS \$ 3,991. EXPENSES \$ 3,940.

INTERNATIONAL FOUNDATION

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.