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Form 990-EZ

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)

OMB No. 1545-1150 2012

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 Department of the Treasury at the end of the year may use this form. Internal Revenue Service

Open to Public Inspection

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

For the 2012 calendar year, or tax year beginning June 1 2012, and ending May 31 , 20 13 C Name of organization B Check if applicable D Employer identification number Address change Peoria Ski Club 37-1104155 Name change Room/suite Number and street (or P O. box, if mail is not delivered to street address) E Telephone number Initial return P.O. Box 3255 13092644766 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ Application pending Peoria, IL 61614-3255 H Check ► ✓ if the organization is not Other (specify) ▶ Website: ► http://www.peoriaskiclub.info/ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). 527 f 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 87,810 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. 1 Contributions, gifts, grants, and similar amounts received 0 2 Program service revenue including government fees and contracts 2 84,132 3 Membership dues and assessments 3 3,465 4 Investment income 4 62 5a Gross amount from sale of assets other than inventory 5a 0 h Less: cost or other basis and sales expenses 5b n Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 0 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15.000) . . . **6a** Gross income from uneraisinglevents (not including \$ 0 of contributions from fundraising events reported on line Wattach Schedule G if the sum of such gloss income and contributions exceeds \$15,000) . . 6b 0 Less: direct expenses from gaming and fundaising events . . 6с O Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 0 7a Gross sales of inventory, less returns and allowances 7a 151 Less: cost of goods sold **7**b 151 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 8 R 0 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 87,659 10 Grants and similar amounts paid (list in Schedule O) 10 200 Benefits paid to or for members 11 11 0 12 Salaries, other compensation, and employee benefits 12 1,196 13 Professional fees and other payments to independent contractors . 13 175 14 14 15 Printing, publications, postage, and shipping . . . 15 1,136 16 16 82,487 17 Total expenses. Add lines 10 through 16. 17 85,194 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 2,465 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 37,045 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 0 Net assets or fund balances at end of year. Combine lines 18 through 20 21

39,510

Form **990-EZ** (2012)

Pa	Balance Sheets (see the instructions					
	Check if the organization used Schedul	le O to respond to a	ny question in this		<u> </u>	🔲
			1	(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments			37,045		39,510
23	Land and buildings				23	0
24 25	Other assets (describe in Schedule O) Total assets				24	0
26				37,045	1	39,510
27	Net assets or fund balances (line 27 of colum	 nn (R) must agree wit		07.045	-	0 510
	III Statement of Program Service Accord		<u></u>	37,045	21	39,510
	Check if the organization used Schedul	-		•		Expenses
Wha	t is the organization's primary exempt purpose?		skiing activities for			uired for section c)(3) and 501(c)(4)
	cribe the organization's program service accomp				orga	nizations and section
as n	neasured by expenses. In a clear and concise in ons benefited, and other relevant information for e	manner, describe the each program title.	e services provided	d, the number of		(a)(1) trusts, optional thers.)
28	Organized recreational skiing and other activities for					
	enrolled members for ski trips to resorts in Colorad		and Canada. Arrang	ements can		
	include lodging, lift tickets, meals, apres ski and tra					
~		nt includes foreign gra			28a	
29	Provide a monthly newsletter and maintain an infor	mational website (http	://www.peoriaskiclut	o.info/).	•	
	(Grants \$ 0) If this amoun	nt includes foreign gra	ente chack hara	• □	29a	
30	N/A	it includes loreign gra	ants, check here .	· · · · · ·	290	<u> </u>

	••••••					
	(Grants \$ 0) If this amoun	nt includes foreign gra	ants, check here .	▶ □	30a	
31	Other program services (describe in Schedule O)	1				
	(Grants \$) If this amoun	nt includes foreian ara	ants, check here .	▶ 🗆	31a	
32	Total program service expenses (add lines 28a	through 31a)			32	
Par	t IV List of Officers, Directors, Trustees, and Ke				struc	tions for Part IV)
	Check if the organization used Schedul	le O to respond to a		Part IV		<u> 🗆</u>
	(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-)		0	Estimated amount of other compensation
Yvor	ne Peifer - President	2				
)	0	0
Kath	y Preckshot - Vice President	1				
					0	0
Denr	is Kennedy - Past President	1]		
			210	5	0	0
Kenr	eth Eichorn - Treasurer	2				
			-	<u> </u>	<u> </u>	0
Mike	Gregg - Recording Secretary	1				_
<u></u>	is Coorden Commandian Command)	<u> </u>	
Deni	is Searles - Corresponding Secretary	1				_
Shor	ry Stowe - Membership Chairman)	0	0
Silei	y Stowe - membership Chanthan	2] ,			O
Dave	Durdel - Trip Chairman		 	<u> </u>	<u> </u>	
<u> </u>	Darder - Tip Orlandan	2		\ \	0	o
Lind	Brown - Newsletter Editor		<u> </u>	'	"	
:	- Land	2			0	o
Peac	y Searles - Activities Chairman		 		+	
		2		ام	0	0
Barb	Strand - Publicity Chairman	1			\dashv	
					0	0
Gene	& Dixie Snyder - CMSC Affiliation Chairman	1				
		1	1	. I	_	_

Part '	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
	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	00	Yes	
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	33		✓
	change on Schedule O (see instructions)	34		1
	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)?	35a		1
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
С	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	35c		✓
	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		1
	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	ļ		
38a	Did the organization file Form 1120-POL for this year?	37b		✓
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		- ✓
	Section 501(c)(7) organizations. Enter:	1		
	Initiation fees and capital contributions included on line 9]		
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			ļ
	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		1
	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			
	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		
	List the states with which a copy of this return is filed ▶ None	100		
42a	The organization's books are in care of ▶ Kenneth Eichorn Telephone no. ▶	130969	2183	7
	Located at ► 7623 W Chestnut Drive, Edwards, IL ZIP + 4 ►	61528		
	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	Yes	No ✓
	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.			
	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1
43	If "Yes," enter the name of the foreign country: ► 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		1.4	
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	Γ	Yes	No
	completed instead of Form 990-EZ	44a		1
	completed instead of Form 990-EZ	44b		1
	Did the organization receive any payments for indoor tanning services during the year?	44c		1
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	-		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		+-
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	438	-	├ ✓
	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)	45h		-,

Ves No candidates for public office? If "Yes," complete Schedule C, Part I 46 V	Form 9	90-EZ (2	012)						F	Page 4
to candidates for public office? If "Yes," complete Schedule C, Part I All 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 C to respond to any question in this Part VI Did the organization agage in lobbying activities or have a section 501(t)) election in effect during the tax year? If "Yes," complete Schedule C, Part II I By the organization achieves a section 501(t) election in effect during the tax year? If "Yes," complete Schedule C, Part II I Complete the stable for the organization as chosen as described in section 170(t)(1)(A)(t)? If "Yes," complete Schedule E 48 By the organization achieves a section 52? organization? 49-30 By the organization make any transfers to an exempt non-charitable related organization? 49-30 By the organization achieves and the organization is the highest compensation from the organization. If there is none, enter None." (a) Name and after or cache employee paid once than \$100,000 Total number of other employees paid over \$100,000 (b) Type of service (c) Estimated amount of orma W-2/1009-MISQ) (c) Name and address of each independent contractor pad more than \$100,000 (d) Total number of other employees paid over \$100,000 (e) Name and address of each independent contractor pad more than \$100,000 (e) Type of service (e) Compensation (f) Total number of other metapendent contractor pad more than \$100,000 (e) Type of service (e) Compensation (f) Total number of other metapendent contractor seech receiving over \$100,000 (g) Type of service (e) Compensation	40	Did						· · ·	Yes	No
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Vega? If "Yes," complete Schedule C, Part II Vega? If "Yes," complete Schedule E Vega? If "Yes," was the related organization a section S27 organization? Vega.			Check if the organization used Sch	edule O to respond	I to any question in	n this Part \	/I			. П
Vesal of Privising Complete Schedule C, Part II									Yes	No
48	47				section 501(h) elec	tion in effec	t during the tax			
Did the organization make any transfers to an exempt non-charitable related organization? 49a		year'	? If "Yes," complete Schedule C, Part	:II				47		ļ
b If "Yes," was the related organization a section 527 organization? 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 of compensation from the organization. If there is none, enter "None." (b) Average house per week devoted to position of paid more than \$100,000 of compensation from the organization. If there is none, enter "None." (c) Estimated amount of other compensation of other compensation of other compensation. If there is none, enter "None." (d) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None." (e) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None." (e) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization in the research of the paid in the research of the paid in the paid	48							48		Г
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(a) Name and title of each employee paid over \$100,000		empl	oyees) who each received more than	\$100,000 of comper	nsation from the org	ganization. I	f there is none, er	nter "N	lone."	<u>, </u>
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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 contractor paid more than \$100,000 (b) Type of service C) Did the organization complete Schedule A? Note: All section \$01(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A Under penalties of penjury, I defaire that I have pasament this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is not completed belief in the organization of my knowledge and belief, it is not completed belief in the organization of my knowledge and belief, it is not completed belief in the organization of my knowledge and belief, it is not complete belief in the organization of my knowledge and belief, it is not provided by the organization of my knowledge and belief, it is not provided by the organization of my knowledge and belief, it is not provided by the organization of my knowledge and belief, it is not provided by the organization of my knowledge and belief, it is not provided by the organization of my knowledge and belief, it is not provided by the organization of my knowledge and belief, it is not provided by the organization of my knowledge and belief, it is not provided by the organization of my knowledge and belief, it is not provided by the organization of my knowledge and belief, it is not provided by the organization of my knowledge and belief, it is not provided by the organization of my knowledge and belief, it is not provided by the organization of my knowledge and belief, it is not provided by the organization of my knowledge and belief, it is not provided by the organization of my knowledge and belief, it is not		1-1				benefit plans, and deferred				
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(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 deplare that I have awaruned this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of perpare (i) ther than office; seasoft on all information of which preparer has any knowledge Sign Here Proparer's name Preparer's signature Date Check I for Self-employed Firm's name Firm's name Firm's name Firm's signature Propose no	31	\$100	.000 of compensation from the organ	nization. If there is no	ensated independe one. enter "None."	in contract	ors who each rec	eiveu	HOTE	; illal
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 penury, I dediare that I have avaguined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepare (where than officers is based on all information of which preparer has any knowledge Sign Here Paid Preparer Use Only Firm's name ▶ Preparer's signature Preparer Use Only Firm's address ▶ Phone no					Ι					
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nonexempt charitable trusts must attach a completed Schedule A			•	-		. •				
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 complate Declaration of preparer other than officer is based on all information of which preparer has any knowledge Sign Here Nathy Preckshol - President, Peoria Ski Club	52							7 v	. —	
true, correct, and complete Declaration of preparer (other than officer is based on all information of which preparer has any knowledge Sign Here Nathy Preckshol - President, Peoria Ski Club Type or print name and title Preparer		_	- , , , , , , , , , , , , , , , , , , ,							
Sign Here Signature of officer Date	true, co	penalties prect, ar	or perjury, I declare that I have examined this re nd complete. Declaration of preparer (other than	eturn, including accompan officed is based on all info	ying schedules and state ormation of which prepar	ements, and to er has anv kno	the best of my knowle wledge	dge and	belief,	, it is
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	May t	he IRS	<u> </u>	shown above? See	instructions	·	<u> ▶ [</u>	Yes		No

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization			Employer id	entification number
Peoria Ski Club		· · · · · · · · · · · · · · · · · · ·		37-1104155
Form 990-EZ Line 16	Trips expense	\$79,960		
	Activities expense	\$891		
	Activities expense	4031		
	Awards banquet expense	\$1,300		
	Miscellaneous other expenses	\$336		•••••
	Total expense (Line 16)	\$82,487		
	Total expense (Line 16)	302,407	••••••	
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