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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 private foundations)

OMB No 1545-1150

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For th	e 2013 calendar year, or tax year beginning	and end	ling		
В	Check i applical	C Name of organization	<del></del>		D Employer i	dentification number
	_i	ress change ROTARY CLUB OF PEORIA-NORTH				
	_	e change FOUNDATION			37-1	373819
	lnıtıa	Number and street (or P.O. box, if mail is not delivered to street ac	idress)	Room/suite	E Telephone	number
	Term	ninated PO BOX 9062			309-0	683-3230
	Ame	nded return City or town, state or province, country, and ZIP or foreign postal	code		F Group Exer	nption
	Applic	cabon pending PEORIA, IL 61612			Number 🕨	·
G	Accou	nting Method: X Cash Accrual Other (specify) ▶			H Check 🕨	X if the organization is not
ł	Websi	te: ► WWW.PEORIANORTHROTARY.ORG			required to	attach Schedule B
<u>J</u>	Tax-ex	xempt status (check only one) — X 501(c)(3) 501(c) ( ) ◀(in	sert no.) 4947(a)(1)	or 527	(Form 990,	990-EZ, or 990-PF).
K	Form o	of organization: X Corporation Trust Association	Other			
L	Add Iir	nes 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$	\$200,000 or more, or if tota	ıl assets (Part	11,	
		n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			<b>\$</b>	71,960.
P	<u>art I</u>	Revenue, Expenses, and Changes in Net Assets	or Fund Balances	(see the instri	actions for Part	·
		Check if the organization used Schedule O to respond to any question in t	his Part I			X
	1	Contributions, gifts, grants, and similar amounts received			1	46,113.
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	<del></del>
	4	Investment income	SEE SCHED	ULE O	4	<u>14,639.</u>
	5a	Gross amount from sale of assets other than inventory	. 5a			
	b	Less: cost or other basis and sales expenses	5b	<del></del>		
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from	ı lıne 5a)		5c	
	6	Gaming and fundraising events			[ ]	
ē	a	Gross income from gaming (attach Schedule G if greater than	1 . 1			
Revenue	-	\$15,000)	. <u>6a</u>			
è	b	Gross income from fundraising events (not including \$	of contributions	S		
	1	from fundraising events reported on line 1) (attach Schedule G if the sum of		11 0	<u> </u>	
		gross income and contributions exceeds \$15,000)	6b	11,2	08.	
	C	Less: direct expenses from gaming and fundraising events	6c			11 200
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 0	i _ i		6d	11,208.
	Ι.	Gross sales of inventory, less returns and allowances	7 <u>a</u>			
	) b	Less: cost of goods sold	7b		<del>    </del>	
	_ c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c     8	
2014 	8	Other revenue (describe in Schedule 0)			9	71,960.
	10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule 0)	SEE SCHED	III.E O	10	48,815.
<b>6</b> 30	11	Benefits paid to or for members	DEE DCHED	OHE O	11	
<b>9</b>	12	Salaries, other compensation, and employee benefits			12	··-
	13	Professional fees and other payments to independent contractors		•	13	
ڪ Pe	14	Occupancy, rent, utilities, and maintenance			14	
۵	15	Printing, publications, postage, and shipping			15	
***	16	Other expenses (describe in Schedule 0)	SEE SCHED	IILE O	16	16,175.
Z	17	Total expenses. Add lines 10 through 16	DDD DCIIDD	ODD O	<b>▶</b> 17	64,990.
S-	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	- Control		, 18	6,970.
SCANNED JUN Net Assets Expenses	19	Net assets or fund balances at beginning of year (from line 27, column (A))	RECEIV	FN	31. 31.	
\ss	'	(must agree with end-of-year figure reported on prior year's return)	VIET ES DO V	O	19	313,026.
et /	20	Other changes in net assets or fund balances (explain in Schedule O)	<b>Е</b> гё <b>й</b> Агенебі	уце 63	20	28,352.
Ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	10 1 mil 1 1 1 2	arte (2)	21	348,348.
1 H		Paperwork Reduction Act Notice, see the separate instructions.		OC	<u> </u>	Form <b>990-EZ</b> (2013)
		, appring it to a desired for the state of the separate mental and its	OCHEN	117		(2010)

ROTARY CLUB OF PEORIA-NORTH

Form	n 990-EZ (2013) <b>FOUNDATION</b>			<u>37-13</u>	73819	Page :
Pa	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res	spond to any que	stion in this Part II		<del></del>	X
		[	(A) Beginning of year		(B) End o	of year
22	Cash, savings, and investments		32,166	. 22	2	8,457.
23	Land and buildings	ļ		23		
24	Other assets (describe in Schedule 0) SEE SCHEDULE C	) [	280,860	. 24	31	9,891.
25	Total assets		313,026	. 25	34	8,348.
26	Total liabilities (describe in Schedule 0)		0	. 26		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		313,026	. 27	34	8,348.
Pa	art III Statement of Program Service Accomplishmen	•			Expens	
	Check if the organization used Schedule O to res	spond to any que	stion in this Part III		quired for s	
What	t is the organization's primary exempt purpose? SEE SCHEDULE C	)			l(c)(3) and : anizations a	
Descr	ribe the organization's program service accomplishments for each of its three largest program	services, as measured by ex	penses In a clear and concise	494	17(a)(1) trus	sts; optional
	er, describe the services provided, the number of persons benefited, and other relevant inform			for	others.)	
28	PROVIDE VOLUNTEER AND FINANCIAL SUP	PORT TO VAL	RIOUS			
-			DEDUCATIONA			
-	PROGRAMS IN THE GREATER PEORIA AREA					
(	(Grants \$ 40,131.) If this amount includes foreign g			28a		61.
-	PROVIDE SCHOLARSHIP FUNDS FOR QUALI		RVING			
-	STUDENTS GRADUATING IN THE CURRENT			_		
_	HIGH SCHOOLS.			_		
-	(Grants \$ 7,500.) If this amount includes foreign g	rants, check here	<b>•</b>	29a		
-	RECOGNIZE OUTSTANDING PEORIA-AREA H		SENIORS			
	THROUGH SPONSORSHIP OF STERLING MER		<u> </u>	— I i		
-				-		
-	(Grants \$ ) If this amount includes foreign g	rants, check here	. •	30a		4,060.
-	Other program services (describe in Schedule O) SEE SCHE					
	(Grants \$ 4,184.) If this amount includes foreign g			31a		9,006.
_	Total program service expenses (add lines 28a through 31a)		<u> </u>	▶ 32		3,127.
Pa	rt IV List of Officers, Directors, Trustees, and Key E	mployees (list each	one even if not compensated - s			
	Check if the organization used Schedule O to res	pond to any que	stion in this Part IV			
		(b) Average hours	(C) Reportable	(d) Health be		) Estimated
	(a) Name and title	per week devoted to	compensation (Forms	contribution employee b	enefit   alliu	ount of other
	(-)	position	(if not paid, enter -0-)	plans, and de compensa		mpensation
JAI	MES MCCORMICK					
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_	EG RASHID					<del></del>
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	VE HIGGS					
	RECTOR	1.00	0.		0.	0.
	AN WILLADSEN					
	RECTOR	1.00	0.		0.	0.
	CK MARSHO		<del>``</del>		<u> </u>	
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	AN LEE	1.00			<u> </u>	
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# ROTARY CLUB OF PEORIA-NORTH FOUNDATION

_	Hade-Ez (2013) FOODDATION	37-13			Page :
LP:	art V Other Information (Note the Schedule A and personal benefit contract instructions for Part V) Check if the organization used Sch. O to respon	statement requirement to any question in t	ents in this Pa	the .rt V	$\mathbf{x}$
				Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a deta	illed description of each			
	activity in Schedule 0		33	<u> </u>	X
34	, , , , , , , , , , , , , , , , , , , ,			1	
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (se	•	34	ļ	X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business ac	tivities (such as those reported			,,
	on lines 2, 6a, and 7a, among others)?  If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Sched		35a	N/	X
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice		35b	11/	<u> </u>
·	requirements during the year? If "Yes," complete Schedule C, Part III	, reporting, and proxy tax	35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets durin	g the year? If "Yes."	333		
	complete applicable parts of Schedule N		36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	7a C	<u>.</u>	, e, a,	"q - 1 - 1
	Did the organization file Form 1120-POL for this year?	•	37b		<u> </u>
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were a	ny such loans made	;	1	* e - '
_	in a prior year and still outstanding at the end of the tax year covered by this return?	n   NT / N	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter:	Bb N/A	'`-''.	-	
39		n/A	1 73		,
b			┥∶.		, ·
_	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			٠ بر ٠	!!-
	section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶	0.	1.54	4 45	·
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit to	ransaction during the	, - 1		. t
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior	r Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I		40b		<u> X</u>
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers		7		
d	or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	<b>▶</b> 0.	.   £ . ý= 1	1.3.	- 10
u	organization	<b>▶</b> 0.	1,75	-	- 1882 1970 -
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		1	3	1765.
	transaction? If "Yes," complete Form 8886-T		40e		X
41	List the states with which a copy of this return is filed   IL				
42 a	The organization's books are in care of PAULA BERGSTRESSER	Telephone no. $\triangleright 309-6$			
	Located at ► PO BOX 9062, PEORIA, IL	ZIP + 4 ▶	<u>6161</u>	2	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		ſ	Vaal	Na.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		42b	Yes	No X
	If "Yes," enter the name of the foreign country:		420		<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	Financial Accounts.	,		A,,-
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c		X
	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	1 1			
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43	<u> N/A</u>		
			Г	V	<u> </u>
44.	Did the crossington mountain any depart advised funds during the year? If Was * Farm 000 must be completed as	df		Yes	
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed in Form 990-EZ	stead of	440	(	
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be complete	d instead	44a		<u>A</u>
~	of Form 990-EZ		44b		X
C	Did the organization receive any payments for indoor tanning services during the year?		44c	一十	X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explan	ation	76.20	[2] + 2 g	, 12m
	ın Schedule O		44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		45a		X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the me	•	6-16	135	ic ,,,,,
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instruction	ons)	45b	0.57	2040

332173 11-25-13

ROTARY CLUB OF PEORIA-NORTH Form 990-EZ (2013) FOUNDATION 37-1373819 Page 4 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 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 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 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 48 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? 49Ъ 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." (d) Health benefits, contributions to employee benefit plans, and deferred (a) Name and title of each employee (b) Average hours (e) Estimated (C) Reportable mpensation (Forms W-2/1099-MISC) per week devoted to amount of other position compensation NONE compensation Total number of other employees paid over \$100,000 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 business address of each independent contractor (b) Type of service (c) Compensation

52 Did the or charitable	ber of other independent contractors each receiving over \$100,000 ganization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a) trusts must attach a completed Schedule A pering, I declare that I have examined this return, including accompanying schedules and statements, are (other than officer) is based on all information of which preparer has any knowledge  Taulu M. Bergstresser  Executive Director Paula M. Bergstresser	and to the best of my knowledge and belief	5.9.2014
	Type or print name and title		
Paid Preparer	Print/Type preparer's name  Preparer's signature  ALAN J. WILLADSEN	Date Check from if self- employed	PTIN P00072161
Use Only	Firm's name HEINOLD BANWART, LTD.		37-1196235
	Firm's address ► 201 CLOCK TOWER DRIVE, THIRD : EAST PEORIA, IL 61611-2449	FLOOR Phone no. (	309)694-4251
May the IRS dis	cuss this return with the preparer shown above? See instructions		► X Yes No

Form 990-EZ (2013)

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**2013**Open to Public

Inspection

Name of the organization

ROTARY CLUB OF PEORIA-NORTH

Employer identification number

FOUNDATION 37-1373819

I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

Parț I	Reason	tor Public Ch	arity Status (All organi	zations mu	ust comple	te this pa	rt.) See ins	tructions.				
he orgar	nization is not	a private foundation	on because it is: (For lines	1 through	11, check	only one	box)					
1 🔲	A church, co	nvention of churcl	hes, or association of chu	rches desc	cribed in s	ection 17	0(b)(1)(A)(i	i).				
2 🔲	A school des	scribed in section	170(b)(1)(A)(ii). (Attach So	chedule E.	)							
3	A hospital or	a cooperative hos	spital service organization	described	in section	170(b)(1	)(A)(iii).					
4 🔲	A medical re	search organizatio	n operated in conjunction	with a hos	spital desc	cribed in s	ection 170	)(b)(1)(A)(	iii). Enter	the hosp	ıtal's na	ame,
	city, and stat	te:									<u>.</u> ,	
5 🗔	An organizat	ion operated for th	ne benefit of a college or u	iniversity o	wned or o	perated b	y a govern	mental ur	nt describ	bed in		
	section 170	(b)(1)(A)(iv). (Com	plete Part II.)									
6 🗔	A federal, sta	ate, or local govern	nment or governmental un	ıt describe	d in sectio	on 170(b)(	(1)(A)(v).					
7 🗀	An organizat	ion that normally r	eceives a substantial part	of its supp	oort from a	a governm	ental unit d	or from the	e general	l public de	scribed	ni t
	section 170	(b)(1)(A)(vi). (Comp	plete Part II.)									
8 🖳	A community	trust described in	n section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 [X]	An organizat	on that normally r	eceives: (1) more than 33	1/3% of its	s support t	from contr	ributions, r	nembersh	iip fees, a	and gross	receipt	s from
	activities rela	ted to its exempt	functions - subject to certa	ain except	ions, and (	(2) no mor	e than 33	1/3% of it	s suppor	t from gro	ss inve	stment
	income and t	unrelated business	s taxable income (less sec	tion 511 ta	ex) from bu	usinesses	acquired b	y the org	anızatıon	after Jun	e 30, 19	975.
		509(a)(2). (Comple										
10	_	_	operated exclusively to te					-				
11 📖	-	-	operated exclusively for the		-				-			
			izations described in secti				2). See <b>se</b>	ction 509	(a)(3). Ch	eck the b	ox that	
			ng organization and compl		_							
	a Type		• •	ype III - Fu	-	_		• • •		n-function	•	•
e 📖			hat the organization is not		•				•	•		
_		=	r than one or more publicl		-				9(a)(1) or	section 5	.09(a)(2	).
f	_		vritten determination from		-	/ре і, турє	e II, or Type	9 111				
		rganization, check					. of the fall			• ••	••	. اــــا
g	•		e organization accepted a					•		_	V	T
	• •	•	ndirectly controls, either a	_	jetner with	persons	described	iri (ii) ariu	(III) Delow		Yes	s No
	_		supported organization?	-	••	•		•	•	11g		+
		- · · · · · · · · · · · · · · · · · · ·	son described in (i) above?						•	11g(		+
			f a person described in (i)							11g(	31) [	<del></del>
h	Provide the i	ollowing informatic	on about the supported or	yanızatıon	(8).							
. ,	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) la	organization sted in your document?	organiza	u notify the tion in col. ir support?	(vi) la organizati (i) organiz U.S	on in col. zed in the	(vii) Amo	unt of m support	onetary
			(see instructions))	Yes	No	Yes	No	Yes	No			
	7											
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		<u> </u>	1, 2, 1, 1, 2, 1	ļ <del></del>			1 5 5	3				
		en all and		[62] 子	The second				2			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  $\dot{}$ 

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Part II	Support S	Schedule for O	rganizations	<b>Described in Sections</b>	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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and			i			
	membership fees received. (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization'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		4 41	.,	. 1 1	10 16 - 25 Th	
	by each person (other than a		; . · . · · ·		* * * * * * * * * * * * * * * * * * * *		
	governmental unit or publicly			. ,			
	supported organization) included		of the second		r, e * .	" = =	
	on line 1 that exceeds 2% of the	, ,	, , , , , ,	9-1-1-1 1 1 1			
	amount shown on line 11,	1 - 1 - 1	2 1	, i.i.			
	column (f)				the state of the state of	1. 12. 12. 21. 22.	
6	Public support. Subtract line 5 from line 4	اد اد		(F) A Na	1. T.	2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	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					· ·	
Ū	activities, whether or not the						
	business is regularly carned on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	7,2,4	,	2e. 19u1			
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for			d. fourth, or fifth ta		<del></del>	
	organization, check this box and stor			-,,		(-)(-)	▶□
Sec	ction C. Computation of Publ	ic Support Per	centage				
	Public support percentage for 2013 (			olumn (f))		14	%
	Public support percentage from 2012					15	%
	33 1/3% support test - 2013. If the			n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies						. ▶□
ь	33 1/3% support test - 2012. If the o				line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes				13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶ □
Ь	10% -facts-and-circumstances tes					7a. and line 15 is 1	0% or
	more, and if the organization meets the						2 <del>- 1</del>
	organization meets the "facts-and-circ						
12	Private foundation. If the organization						
18	1 11 Fate Tourisation, it the organization	ala riot dilock a l	22. 3 10, 10,	<u>., , </u>	•	dule A (Form 990 c	or 990-F7) 2013

Schedule A (Form 990 or 990-EZ) 2013 FOUNDATION

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

	(Complete only if you checked			rganization tailed to	o quality under Pa	ırı II. II the organiz	ation fails to
Se	qualify under the tests listed be ction A. Public Support	elow, please comp	olete Part II.)		<u> </u>		<del></del>
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	44,071.	43,947.	57,510.	47,044.	46,113.	238,685.
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	10,638.	11,212.	11,491.	12,104.	11,208.	56,653.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
_	the organization without charge	54,709.	55,159.	69,001.	59,148.	57,321.	295,338.
	Total, Add lines 1 through 5 Amounts included on lines 1, 2, and	54,709.		09,001.	33,140.	31,341.	493,330.
1 8	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.
	Add lines 7a and 7b			15.4	. 1530, v		0.
	Public support (Subtract line 7c from line 6) ction B. Total Support	20 Th 122	35. 1,7 2 1/4 1,1 °C 1	· · · · · · · · · · · · · · · · · · ·	the transfer of and	rā utiproliti	295,338.
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	54,709.	55,159.	69,001.	59,148.	57,321.	295,338.
10a	Gross income from interest, dividends, payments received on			-			
	securities loans, rents, royalties and income from similar sources	3,950.	3,046.	6,376.	7,356.	14,639.	35,367.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	3,950.	3,046.	6,376.	7,356.	14,639.	<u>35,367.</u>
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						
13	assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12)	58,659.	58,205.	75,377.	66,504.	71,960.	330,705.
	First five years. If the Form 990 is for						
Sec	check this box and stop here	ic Support Per	centage	· · ·	<u> </u>		
	Public support percentage for 2013 (I			olumn (fl)		15	89.31 %
	Public support percentage from 2012					16	92.60 %
	tion D. Computation of Inves						
17	Investment income percentage for 20	113 (line 10c, colum	n (f) divided by line	e 13, column (f))		17	10.69 %
18	Investment income percentage from	<b>2012</b> Schedule A, F	Part III, line 17			18	<u>7.40 %</u>
19a	33 1/3% support tests - 2013. If the	organization did no	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						. <b>▶</b> \\
b	33 1/3% support tests - 2012. If the						
00	line 18 is not more than 33 1/3%, che		-				·
	Private foundation. If the organizations on the organization of th	п чи постнеска с	JOX OIT IIII 14, 19a	i, or Tab, Crieck thi			or 990-EZ) 2013
JU201	EU- 10						

### ROTARY CLUB OF PEORIA-NORTH

Schedule A	(Form 990 or 990-EZ) 2013 FOUNDATION	37-1373819 Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17.	a or 17b; and Part III, line 12
	Also complete this part for any additional information. (See instructions).	a o. 175, and 1 art m, m. 10 72
	Also complete this part for any additional information, (See instructions).	
		·····
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(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

omplete 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.

2013
Open to Public Inspection

Name of the organization

Internal Revenue Service

332211 09-04-13 ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

ROTARY CLUB OF PEORIA-NORTH Employ
FOUNDATION 37-

Employer identification number 37-1373819

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCO	OME:
DESCRIPTION OF PROPERTY:	AMOUNT:
DIVIDEND	3,477.
INTEREST	147.
CGD	11 015
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATION	ons:
ACTIVITY CLASSIFICATION: ADOPT A SCHOOL	
GRANTEE NAME:	
PROPERTY DESCRIPTION: SCHOOL SUPPLIES	
AMOUNT GIVEN:	7,346.
ACTIVITY CLASSIFICATION: COMMUNITY SUPPORT	
GRANTEE NAME:	
PROPERTY DESCRIPTION: CASH	
AMOUNT GIVEN:	10,905.
ACTIVITY CLASSIFICATION: DONATIONS	
GRANTEE NAME:	
PROPERTY DESCRIPTION: CASH	
AMOUNT GIVEN:	5,850.
ACTIVITY CLASSIFICATION: SCHOLARSHIPS	
GRANTEE NAME:	0 hadda 0 (Farrage)
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2013)

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ 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.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization	FOUNDATION	Employer identification number 37-1373819
PROPERTY DESCR	IPTION: CASH	
AMOUNT GIVEN:		5,000.
ACTIVITY CLASS	FIFICATION: SERVICE ABOVE SELF	
GRANTEE NAME:		
PROPERTY DESCR	IPTION: CASH	
AMOUNT GIVEN:		2,084.
ACTIVITY CLASS	IFICATION: PAUL HARRIS FELLOW	
GRANTEE NAME:		
PROPERTY DESCR	IPTION: CASH	
AMOUNT GIVEN:		15.
ACTIVITY CLASS	IFICATION: KRESS SCHOLARSHIP	
GRANTEE NAME:		
PROPERTY DESCR	IPTION: CASH	
AMOUNT GIVEN:		2,500.
ACTIVITY CLASS	IFICATION: LITERACY PROGRAM	
GRANTEE NAME:		
PROPERTY DESCR	IPTION: BOOKS	
AMOUNT GIVEN:		826.
ACTIVITY CLASS	IFICATION: PRESIDENT'S AWARD	
GRANTEE NAME:		<u> </u>

PROPERTY DESCRIPTION: CASH

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

Schedule O (Form 990 or 990-EZ) (2013)

### **SCHEDULE 0**

(Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

➤ Attach to Form 990 or 990-EZ. Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service ROTARY CLUB OF PEORIA-NORTH **Employer identification number** Name of the organization 37-1373819 FOUNDATION 1,015. AMOUNT GIVEN: ACTIVITY CLASSIFICATION: RYLA **GRANTEE NAME:** PROPERTY DESCRIPTION: CASH 780. AMOUNT GIVEN: ACTIVITY CLASSIFICATION: SCOOTER GRANTEE NAME: PROPERTY DESCRIPTION: CASH 2,744. AMOUNT GIVEN: ACTIVITY CLASSIFICATION: INTERACT **GRANTEE NAME:** PROPERTY DESCRIPTION: CASH 1,184. AMOUNT GIVEN: ACTIVITY CLASSIFICATION: MISCELLANEOUS GRANTEE NAME: PROPERTY DESCRIPTION: CASH 2,034. AMOUNT GIVEN: ACTIVITY CLASSIFICATION: DICTIONARY PROJECT GRANTEE NAME: PROPERTY DESCRIPTION: CASH

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

Schedule O (Form 990 or 990-EZ) (2013)

2,540.

332211 09-04-13

AMOUNT GIVEN:

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ 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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Inspection

ROTARY CLUB OF PEORIA-NORTH Name of the organization Employer identification number FOUNDATION 37-1373819 ACTIVITY CLASSIFICATION: PHF AWARD GRANTEE NAME: PROPERTY DESCRIPTION: CASH AMOUNT\_GIVEN: 73. ACTIVITY CLASSIFICATION: GRANT PROJECTS GRANTEE NAME: PROPERTY DESCRIPTION: CASH AMOUNT GIVEN: 2,280. ACTIVITY CLASSIFICATION: GSE GRANTEE NAME: PROPERTY DESCRIPTION: CASH AMOUNT GIVEN: 1,639. TOTAL INCLUDED ON FORM 990-EZ, LINE 10 48,815. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: FEES & LICENSES 48. STERLING MERIT AWARD 4,060. TOY DRIVE EXPENSE 6,006. NATIONAL INTERNATIONAL PROJECTS 3,000. LOCAL PROJECTS 3,000. FRED SWEAT 61. TOTAL TO FORM 990-EZ, LINE 16 16,175. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13

# **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ 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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

ROTARY CLUB OF PEORIA-NORTH Name of the organization

FOUNDATION

Employer identification number 37-1373819

CHANGES IN NET ASSETS OR FUND BALANCES:		AMOUNT:
UNREALIZED GAIN ON INVESTMENTS		
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF YEAR	END OF YEAR
LONG-TERM INVESTMENTS	280,760.	319,791.
ACCOUNTS RECEIVABLE	100.	100.
TOTAL TO FORM 990-EZ, LINE 24	280,860.	319,891.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE  VOLUNTEER AND FINANCIAL SUPPORT IN THE GREATER  THE OBJECTIVES OF ROTARY INTERNATIONAL	PEORIA AREA AND	PROMOTE
FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SI PROVIDE ADDITIONAL SUPPORT TO ROTARY AFFILIATES WORK PROJECTS DURING COURSE OF THE YEAR	S ROTARACT AND IN	TERACT;
GRANTS \$ 4,184. EXPENSES \$ 9,006.		
INTERNATIONAL FOUNDATION		
FORM 990-EZ, PART V, INFORMATION REGARDING PERS	SONAL BENEFIT CON	TRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECI	ZIVE ANY FUNDS, I	DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BE	ENEFIT CONTRACT.	
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  332211 09-04-13		DIRECTLY , n 990 or 990-EZ) (2013)
13		

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

	e of the organization	ROTARY CLUB OF PEORIA-NORTH FOUNDATION	Employer identification number 37-1373819
<u>or</u>	INDIRECTLY,	ON A PERSONAL BENEFIT CONTRACT.	
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