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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 private foundations)

OMB No 1545-1150

2014Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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.A For the 2014 calendar year, or tax year beginning **07/01/14**, and ending **06/30/15**

B Check if applicable

☐ Address change☐ Name change☐ Initial return☐ Final return/terminated☐ Amended return☐ Application pending

C Name of organization

**ROTARY INTERNATIONAL- PEORIA NORTH
ROTARY CLUB**

Number and street (or P O box, if mail is not delivered to street address)

PO BOX 9062

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

PEORIA**IL 61612-9062**

D Employer identification number

37-0923055

E Telephone number

309-683-3230

F Group Exemption

Number **0573**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: **PEORIANORTHROTARY.ORG**J Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)(**4**) (insert no) ☐ 4947(a)(1) or ☐ 527K Form of organization ☐ Corporation ☐ Trust ☒ Association ☐ Other _____

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ **132,280****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	
	3	Membership dues and assessments	3	123,586
	4	Investment income	4	1,604
	5a	Gross amount from sale of assets other than inventory	5a	7,048
	b	Less cost or other basis and sales expenses	5b	7,167
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-119
	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		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	42	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	125,113	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	19,216
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	32,635
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	3,082
	15	Printing, publications, postage, and shipping	15	170
	16	Other expenses (describe in Schedule O)	16	74,078
	17	Total expenses. Add lines 10 through 16	17	129,181
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,068
	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	52,730
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-731
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	47,931

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)

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	52,730	22	47,931
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	52,730	25	47,931
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)	52,730	27	47,931

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?

SERVICE ORGANIZATION

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, optional for others)

28 SEE SCHEDULE O

 29 (Grants \$) If this amount includes foreign grants, check here ☐ 28a 102,590

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

 31 (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) ☐ 32 102,590**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
SCOTT PAULSEN PRESIDENT	4.00	0	0	0
DOUG HUFF IMM PAST PRES	1.00	0	0	0
MATT MACHALA PRESIDENT ELECT	1.00	0	0	0
ROBIN BARNES SECRETARY	2.00	0	0	0
DAWN CASSULO TREASURER	1.00	0	0	0
STACY BYRD DIRECTOR	1.00	0	0	0
EMILY HAMPTON DIRECTOR	1.00	0	0	0
TRIP JAMES DIRECTOR	1.00	0	0	0
PAULA BERGSTRESSER EXEC. SEC'Y	35.00	30,207	0	0
LYNN COLEMAN DIRECTOR	1.00	0	0	0

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 Schedule 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	33	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)	34	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)?	35a	X
b 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	
c 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	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	36	X
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	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?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
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), 501(c)(4), and 501(c)(29) 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	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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	X
41 List the states with which a copy of this return is filed	NONE	
42a The organization's books are in care of	PAULA BERGSTRESSER	
PO BOX 9062	Telephone no 309-683-3230	
Located at	PEORIA IL ZIP + 4 61612	
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	X
If "Yes," enter the name of the foreign country	42c	X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the U S ?		
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	
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	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	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	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	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b 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)	45b	X

- 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

	Yes	No
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 ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

- 49a Did the organization make any transfers to an exempt non-charitable related organization?

- b If "Yes," was the related organization a section 527 organization?

- 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	(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

- 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 business address of each independent contractor	(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 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

DAWN CASSULO

Date

TREASURER

10/15/15

Type or print name and title

Paid
Preparer
Use Only

Print/Type preparer's name

RODNEY A. RINGGER

Preparer's signature

R. Ringger, CPA

Date

10/8/15

Check ☒ if self-employed

PTIN

Firm's name ▶

RODNEY A. RINGGER, CPA

Firm's EIN ▶

Firm's address ▶

2000 WEST PIONEER PARKWAY, SUITE 5
PEORIA, IL 61615

Phone no

309-692-3322

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

SCHEDULE O
 (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

2014

 Open to Public
 Inspection

Name of the organization

 ROTARY INTERNATIONAL- PEORIA NORTH
 ROTARY CLUB

Employer identification number

37-0923055

FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE

DESCRIPTION	AMOUNT
FLAG FEES	\$ 42
TOTAL	\$ 42

FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES

NAME AND ADDRESS	PURPOSE	AMOUNT
ROTARY DISTRICT 6460	PER CAPITA DUES	\$ 6,630
123 S 7TH ST		
SPRINGFIELD IL 62705		
ROTARY INTERNATIONAL	PER CAPITA DUES	\$ 12,586
1560 SHERMAN AVE		
EVANSTON IL 60201		

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

DESCRIPTION	AMOUNT
EXPENSES	
PUBLIC RELATIONS	\$ 539
OFFICE SUPPLIES	\$ 557
SOFTWARE	\$ 667
MILEAGE	\$ 2,089
TRAVEL AND CONVENTION	\$ 6,747
INSURANCE	\$ 1,286
MEETING EXPENSE	\$ 60,430
INVESTMENT FEES	\$ 351

Name of the organization

Employer identification number

ROTARY INTERNATIONAL- PEORIA NORTH

37-0923055

MEMBER SERVICES	\$	1,350
MISCELLANEOUS	\$	62
TOTAL	\$	74,078

FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DESCRIPTION

AMOUNT

UNREALIZED LOSSES ON INVESTMENTS	\$	-731
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FORM 990-EZ, PART III, LINE 28 - FIRST ACCOMPLISHMENT

WEEKLY MEETINGS HELD WITH SPEAKERS. PURPOSE OF MEETINGS

TO INCREASE AWARENESS OF COMMUNITY AND SOCIAL ISSUES.

ADDITIONALLY, REGIONAL AND INTERNATIONAL CONCERNS ARE

ADDRESSED THROUGH DISTRICT AND ROTARY INTERNATIONAL

AFFILIATIONS.