



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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](http://www.irs.gov/form990).

OMB No 1545-1150

**2015****Open to Public  
Inspection****A** For the 2015 calendar year, or tax year beginning July 1, 2015, and ending June 30, 2016**B** Check if applicable

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

**C** Name of organization

Rotary Club of Peoria

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

Room/suite

7720 Crestline Drive

A

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

Peoria, IL 61615

**D** Employer identification number

37-0493235

**E** Telephone number

309-676-5432

**F** Group Exemption

Number ▶ 0572

**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: ▶ [peoriarotary.org](http://peoriarotary.org)**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c)(4) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** 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. ▶ \$ 158726

**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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	10864	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	11375	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)
3	Membership dues and assessments	3	36673	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4		21	Net assets or fund balances at end of year. Combine lines 18 through 20
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				
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
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			
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			
7a	Gross sales of inventory, less returns and allowances	7a	98553	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
7b	Less: cost of goods sold	7b	41649	8	Other revenue (describe in Schedule O)
8	Other revenue (describe in Schedule O)	8	1261	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	117077	10	Grants and similar amounts paid (list in Schedule O)
10	Grants and similar amounts paid (list in Schedule O)	10	41484	11	Benefits paid to or for members
11	Benefits paid to or for members	11		12	Salaries, other compensation, and employee benefits
12	Salaries, other compensation, and employee benefits	12	10872	13	Professional fees and other payments to independent contractors
13	Professional fees and other payments to independent contractors	13	1021	14	Occupancy, rent, utilities, and maintenance
14	Occupancy, rent, utilities, and maintenance	14	740	15	Printing, publications, postage, and shipping
15	Printing, publications, postage, and shipping	15	147	16	Other expenses (describe in Schedule O)
16	Other expenses (describe in Schedule O)	16	11892	17	Total expenses. Add lines 10 through 16
17	Total expenses. Add lines 10 through 16	17	66156		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	50921		
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	87998		
20	Other changes in net assets or fund balances (explain in Schedule O)	20			
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	138919		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form **990-EZ** (2015)

SCANNED DEC 01 2015

4

P

**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	87998	138919
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	24	
25 <b>Total assets</b>	87998	138919
26 <b>Total liabilities</b> (describe in Schedule O)	26	
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	87998	138919

**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; optional for others.)
28 <u>The Rotary Club of Peoria annually hosts the Sterling Merit Awards Banquet which recognizes the top eight percent of graduating high school seniors. All area high schools are represented and it recognizes over 200 students annually. The students parents are also in attendance along with their school's principal.</u> (Grants \$ 22847) If this amount includes foreign grants, check here <input type="checkbox"/>	22847
29 <u>Each week during the school year members of our Rotary Club volunteer to read for an hour to individual students at Trewyn Primary School. This valuable one on one time is very beneficial to the students. Annually Rotary hold a luncheon to recognize these participating students.</u> (Grants \$ 1036) If this amount includes foreign grants, check here <input type="checkbox"/>	1036
30 <u>Annually Rotary supports the athletes and their families who participate in wheelchair basketball during March Madness in Peoria. Club members provide a free dinner at the United Presbyterian Church, which is accessible for over 100 wheelchair athletes, their coaches and families.</u> (Grants \$ 426) If this amount includes foreign grants, check here <input type="checkbox"/>	426
31 <u>Other program services (describe in Schedule O)</u> (Grants \$ 17175) If this amount includes foreign grants, check here <input type="checkbox"/>	17175
32 <b>Total program service expenses</b> (add lines 28a through 31a)	41484

**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
William P. Robertson, President	30	0	0	0
William Winkler, President Elect	10	0	0	0
Pat Lewis, Secretary	2	0	0	0
Tony Beiermann, Treasurer	2	0	0	0
Frank D. Rezac, Immediate Past President	1	0	0	0
Lynette Demanes, Director	1	0	0	0
Barb Duncan, Director	1	0	0	0
Susan Hoffman, Director	1	0	0	0
Thomas A. McIntyre, Director	1	0	0	0
Timothy H. Newlin	1	0	0	0
Brad Stegall, Director	1	0	0	0
Karen H. Pilgrim, Executive Secretary (08/03/15-11/07/15)	25	3171	0	0

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

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (see the instructions for Part III)	
	Check if the organization used Schedule O to respond to any question in this Part III <input type="checkbox"/>	<b>Expenses</b>

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 )

<b>28</b>	----- ----- -----  (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	<b>28a</b>	
<b>29</b>	----- ----- -----  (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	<b>29a</b>	
<b>30</b>	----- ----- -----  (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	<b>30a</b>	
<b>31</b>	Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	<b>31a</b>	
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . . ▶	<b>32</b>	

**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 ☐

[illegible]

**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
<b>33</b> 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 . . . . .	<b>33</b>	✓
<b>34</b> 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) . . . . .	<b>34</b>	✓
<b>35a</b> 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)? . . . . .	<b>35a</b>	✓
<b>b</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 . . . . .	<b>35b</b>	
<b>c</b> 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 . . . . .	<b>35c</b>	
<b>36</b> 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 . . . . .	<b>36</b>	✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b>	<b>37b</b>	✓
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	✓
<b>38a</b> 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? . . . . .	<b>38a</b>	✓
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</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 . . . . .	<b>40b</b>	✓
<b>c</b> 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 . . . . . ▶		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
<b>e</b> 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 . . . . .	<b>40e</b>	✓
<b>41</b> List the states with which a copy of this return is filed ▶		
<b>42a</b> The organization's books are in care of ▶ Telephone no. ▶		
Located at ▶ ZIP + 4 ▶		
<b>b</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: ▶	<b>42b</b>	✓
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>c</b> 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: ▶	<b>42c</b>	✓
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	✓
<b>b</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 . . . . .	<b>44b</b>	✓
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	✓
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	✓
<b>b</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) . . . . .	<b>45b</b>	✓

	Yes	No
<b>46</b> 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 . . . . .	<b>46</b>	<input checked="" type="checkbox"/>

**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
<b>47</b> 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 . . . . .	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**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 . . . . . ▶

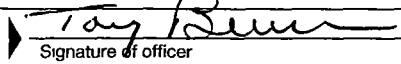
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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.

<b>Sign Here</b>		<b>11-14-16</b>
	Signature of officer	Date
	<b>Tony Beiermann, Treasurer</b>	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no ▶	

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Rotary Club of Peoria

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Employer identification number  
37-0493235

Line 8 - OTHER REVENUE

Member Pin Sales \$ 201

Miscellaneous 1,060

Total Line 8 (OTHER REVENUE) \$ 1,261

Line 10 - GRANTS AND SIMILAR AMOUNTS PAID

Vocational Services - RYLA \$ 450

Scholarship Awards 251

Wheelchair Basketball Dinner for IHSA wheelchair athletes and families 426

Trewyn Reading Program 1,036

Per Capita Dues to Rotary District 6460 6,630

Per Capita Dues to Rotary International 9,844

Sterling Merit Banquet - Academic recognition banquet for top 8% of graduating seniors @ 16 area high schools 22,847

Total Line 10 (GRANTS AND SIMILAR AMOUNTS PAID) \$ 41,484

Name of the organization  
Rotary Club of Peoria

Employer identification number  
37-0493235

## Line 16 - OTHER EXPENSES

Insurance	\$ 810
Conference and Special Meetings	1,804
Computer Software for Office, Internet, and Supplies	2,945
Miscellaneous Weekly Meeting Expenses	618
Flags for Speaker Gifts	174
Pin/Badge Expenses	210
Dues and Subscriptions	3,259
Social Events/ Recruit New Members	1,655
Other Expenses	417
Total Line 16 (OTHER EXPENSES)	\$11,892

## PART III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? The objective of Rotary is to encourage and foster the ideal of service as a basis of worthy enterprise and, in particular, to encourage and foster high ethical business standards, to serve the local community and the world beyond, and to advance international understanding, goodwill and peace. The motto of Rotary International is "Service Above Self." The Rotary Club of Peoria has more than 180 members - professionals representing a wide variety of businesses - both for profit and not-for-profit. Every week, members hear from speakers about the important issues and events of our area. On a regular basis, Club members volunteer to help with projects benefiting the Peoria area.