

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

2017**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning July 1, 2017, and ending June 30, 2018

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 61615-1907

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**

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. ▶ \$ **155,428**

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 ☒

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	12,431
2	Program service revenue including government fees and contracts	9,975
3	Membership dues and assessments	36,424
4	Investment income	
5a	Gross amount from sale of assets other than inventory	
5b	Less: cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
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)	
6c	Less: direct expenses from gaming and fundraising events	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
7a	Gross sales of inventory, less returns and allowances	99,272
7b	Less: cost of goods sold	46,219
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	54,053
8	Other revenue (describe in Schedule O)	244
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	113,127
10	Grants and similar amounts paid (list in Schedule O)	74,456
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	19,270
13	Professional fees and other payments to independent contractors	1,817
14	Occupancy, rent, utilities, and maintenance	862
15	Printing, publications, postage, and shipping	145
16	Other expenses (describe in Schedule O)	14,011
17	Total expenses. Add lines 10 through 16	110,561
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	2,566
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)	152,862
20	Other changes in net assets or fund balances (explain in Schedule O)	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	155,428

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2017)

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Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	152,862	22 155,428
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	152,862	25 155,428
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	152,862	27 155,428

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 scholastically of graduating high school seniors. All area high schools are represented and it recognizes over 200 students annually. The students parents and principals are also in attendance.</u> (Grants \$ <u>24,681</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	24,681
29 <u>Our Rotary Club provided twelve community service grants to deserving not for profits in our Peoria area. The grants ranged from \$260 to \$2,000. See a list of the recipients in Schedule O attached.</u> (Grants \$ <u>16,510</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	16,510
30 <u>Our Rotary Club recognizes that hunger is a significant issue for many individuals in our Peoria area. As such we provided Hunger Grants/Awards to seven deserving organizations that help provide basic needs such as food, clothing, and shelter to those in need. These grants ranged from \$1000 to \$2,000. See Schedule O.</u> (Grants \$ <u>9,000</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	9,000
31 Other program services (describe in Schedule O) (Grants \$ <u>24,265</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	24,265
32 Total program service expenses (add lines 28a through 31a)	32	74,456

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
Michell Helden, President	30	0	0	0
Tony Beiermann, Treasurer	2	0	0	0
Jenni Davis, Secretary	2	0	0	0
Andrea Parker, President Elect	10	0	0	0
William Winkler, Immediate Past President	1	0	0	0
Duffy Farrell, Director	1	0	0	0
Maggie Freidag, Director	1	0	0	0
Tom McIntyre, Director	1	0	0	0
Brian Mooty, Director	1	0	0	0
Brad Stegall, Director	1	0	0	0
Nick Vespa, Director	1	0	0	0
Margaret L. West, Executive Secretary	20	15,313	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		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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		
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		
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		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ <u>Susie Stockman</u> Telephone no. ▶ <u>309-676-5432</u> Located at ▶ <u>Rotary Club of Peoria 7720 Crestline Drive Suite A, Peoria, IL.</u> ZIP + 4 ▶ <u>61615-1907</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		<input checked="" type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶		<input checked="" type="checkbox"/>
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 <input type="checkbox"/>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>

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 ☐ ☒

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 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **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? **49b** ☐ ☐
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(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 ▶

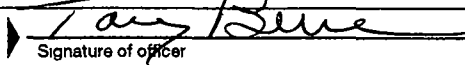
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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** **Date** 2/22/19
Tony Beiermann, Treasurer
Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check ☐ 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

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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

Rotary Club of Peoria

Employer identification number

37-0493235

Line 8- OTHER REVENUE

Member Pin Sales

\$ 244

Total Line 8 (OTHER REVENUE)

\$ 244

Line 10- GRANTS AND SIMILAR AMOUNTS PAID

International Service

\$ 500

Vocational Services

657

Community Projects

19,500

Hunger Grants

9,000

Wheelchair Basketball Dinner for IHSA wheelchair athletes and families

475

Trewyn School Reading Program

937

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

24,681

District 6460 Capita Dues

7,215

Rotary International Per Capita Dues

11,481

Total Line 10 (GRANTS AND SIMILAR AMOUNTS PAID)

\$ 74,456

Name of the organization

Employer identification number

Rotary Club of Peoria

37-0493235

Line 16-OTHER EXPENSES

Insurance \$ 684

Conferences 1,129

Computer Software for Office, Internet, and Supplies 4,346

Miscellaneous Weekly Meeting Expenses 596

Flags For Speaker Gifts 411

Social Events/ Recruit New Members 2,856

Presidents Honorarium 300

Memorials-Flowers 100

Dues and Subscriptions 2,955

Other Miscellaneous Expenses 634

Total Line 16 (OTHER EXPENSES) \$ 14,011

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 170 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.