## **Short Form Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

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

2017

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Soboles of the Public ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

	There is a	oplicable:	C Name of organization				D Emp	lover id	entification number
	Address (	•					D Click	•	
$\Box$	Name ch:		Rotary Club of Peoria  Number and street (or P.O. box, if mail is	not delivered to street address	se) Ro	om/sulte	F Toler	ohone n	7-0493235
=	initial retu	-	i i	HOT GOILABLEG TO STIEDS STORIES			L 10101		
	Final retu	n/terminated	7720 Crestline Drive City or town, state or province, country, a	nd 7IP or foreign postal ands		_ <del>^</del>			9-676-5432
	Amended			no zir or toraign postal coda	•	04		up⊫xe nber ▶	mption
-		n pending	Peoria, IL. 61615-1907	16 A B					
		ting Method:	<del></del>	ecity) >					f the organization is not
	Vebsite	<u> </u>	arotary.org			<del></del> _	•		ach Schedule B D-EZ, or 990-PF).
				(a) (4) ◀ (Insert no.) ☐ 4		527	(FOIIII 9	90, 990	0-EZ, 01 990-FF).
			: Corporation Trust		Other	or if total			
			7b to line 9 to determine gross receip  w) are \$500,000 or more, file Form 990						
								\$	
i i	art (		e, Expenses, and Changes in			•			-
			the organization used Schedule				<u>· · ·                                  </u>		
	1		ons, gifts, grants, and similar amou					1	12,431
	2	-	ervice revenue including governm				• •	2	9,975
	3		ip dues and assessments					3	36,424
	4	Investment					• •	4	
	5a		ount from sale of assets other than	• •	<del></del>				
	b		or other basis and sales expenses		. 5b			_	
	C		ss) from sale of assets other than	inventory (Subtract line	o on from line :	oa)	• •	5c	
	6	-	nd fundraising events	adula C K arantar th					
ø	а	<b>A</b>	ome from gaming (attach School	_	1 1				
5	.				· [6a]	-		}	
Revenue	D		ome from fundralsing events (not in			ntribution	S		
Œ	Ì		alsing events reported on line 1) ch gross income and contributions						
			-	•	<del></del>			1	
	C		et expenses from gaming and fund			and out	****		
	d	line 6c)	e or (loss) from gaming and fund	•	ies ba and bi	ano sul	Maci	ایما	
	ا						• •	6d	
	7a		s of inventory, less returns and all		. 7a		99,272		
	Ь		of goods sold			<u> </u>	<del>45</del> ,219	70	£4.050
	C			l	MENDIVI		.1 :	7c	54,053
	8 9		nue (describe in Schedule O) nue. Add lines 1, 2, 3, 4, 5c, 6d, 7			5	ર્! ▶	9	244
	10		similar amounts paid (list in Sche		MAR 7: 2	<del>:019:   C</del>	7	10	113,127
	11		aid to or for members				Ş. J.	11	74,456
un i	12	•	ther compensation, and employee	benefits	COEN		-1	12	19,270
enses	13		al fees and other payments to ind	· · · · · ·	OGDEN,	01.		13	1,817
	14		y, rent, utilities, and maintenance				•	14	862
ĕ		Cooupa ic	, rom, aumitos, and maintona los					لننا	
<u>.</u>		Printing, pr	ublications, postage, and shipping					15	145
훘		Printing, pr	ublications, postage, and shipping					15 16	145 14.011
훘		Other expe	ublications, postage, and shipping enses (describe in Schedule O) enses. Add lines 10 through 16					16	14,011
훘		Printing, proof of the experience of the experie	ublications, postage, and shipping enses (describe in Schedule O) enses. Add lines 10 through 16 (deficit) for the year (Subtract line			 	•	16 17	14,011 110,561
<u>\$</u>		Other experience  Total experience  Excess or Net assets	ublications, postage, and shipping anses (describe in Schedule O).  enses. Add lines 10 through 16.  (deficit) for the year (Subtract line or fund balances at beginning of		· · · · · · · · · · · · · · · · · · ·		· •	16	14,011
<u>\$</u>		Other experiments or the experiment of the exper	ublications, postage, and shipping enses (describe in Schedule O). enses. Add lines 10 through 16. (deficit) for the year (Subtract line s or fund balances at beginning our er figure reported on prior year's re			· · · · · · · · · · · · · · · · · · ·	 . ▶ 	16 17 18	14,011 110,561 2,566
<u>\$</u>		Printing, printing, printing, printing of the experimental experimenta	ublications, postage, and shipping anses (describe in Schedule O).  enses. Add lines 10 through 16.  (deficit) for the year (Subtract lines or fund balances at beginning our figure reported on prior year's recess in net assets or fund balance			ust agree		16 17 18	14,011 110,561
<u>\$</u>		Printing, printing, printing, printing of the experience of the ex	enses (describe in Schedule O) . enses. Add lines 10 through 16 . (deficit) for the year (Subtract line or fund balances at beginning of		column (A)) (mi	ust agree	with	16 17 18	14,011 110,561 2,566

Pa	till Balance Sheets (see the instructions f					_
	Check if the organization used Schedule	O to respond to a	ny question in this		<del>,</del>	
			1	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			152,862		155,428
23	Land and buildings			<del></del>	23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			152,862	26	155,428
26	Total liabilities (describe in Schedule O)	(D)				455 400
27	Net assets or fund balances (line 27 of column			152,862	21	155,428
Par					1	Expenses
	Check if the organization used Schedule		ny question in this	Part III 🔽	(Re	quired for section
	,	See Schedule O	<del></del>		501	(c)(3) and 501(c)(4)
as n	ribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the				anizations, optional for ers.)
28	The Rotary Club of Peoria annually hosts the Sterling	Merit Awards Banqı	et which recognizes	the top eight		Ì
	percent scholastically of graduating high school sen					
	recognizes over 200 students annually. The students			ance.		1
	(Grants \$ 24,681) If this amount			<u> ▶ ⊔</u>	288	24,681
29	Our Rotary Club provided twelve community service			Peoria area. The	]	}
	grants ranged from \$260 to \$2,000. See a list of the re-	cipients in Schedule	O attached.		ŀ	
	(Grants \$ 16,510) If this amount	includes foreign gra	ints, check here .	▶ 🗆	298	16,510
30	Our Rotary Club recognizes that hunger is a significa	nt issue for many in	diviuals in our Peorla	area. As such		
	we provided Hunger Grants/Awards to seven deservi	ng organizations the	t help provide basic	needs such as		
	food, clothing, and shelter to those in need. These gr			hedule 0.	ĺ	1
	(Grants \$ 9,000) If this amount	includes foreign gra	nts, check here .	<u> ▶ □</u>	30a	9,000
31	Other program services (describe in Schedule O)		. <b></b>			
	(Grants \$ 24,265) If this amount			<u> ▶ □</u>	31a	
32	Total program service expenses (add lines 28a t				32	<u></u>
Par					nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to ar			<u>.,.</u>	<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-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio		) Estimated amount of other compensation
			}			
Mich	ell Helden, President	30			0	0
Tony	Beiermann, Treasurer	2	l a	)	0	0
Jenn	Davis, Secretary	2	lo	l	0	
Andr	ea Parker, President Elect	10	0		0	0
		I			T	
Willia	m Winkler, Immediate Past President	1	l c		0	0
Duffy	Farrell, Director	1	ł	)	o	0
					$\neg \vdash$	
Mage	jie Freidag, Director	1	l .		0	0
<u> </u>		· · · · · · · · · · · · · · · · · · ·			1	
Tom	McIntyre, Director	1	١	,	0	0
				-	1	
Brier	Mooty, Director	1	l o	,	0	0
				T	Ť	<u>~</u>
Brad	Stegall, Director	1	0	.}	0	0
<u>qu</u>	Aroden Director		°	·	十	
Nich	Vespa, Director	1	,	J	0	Q
IVICK	Toubal Director	<u> </u>		<u>'</u>	+	<u>-</u>
Mara	aret L. West, Executive Secretary	20	15,313		0	0
-11 tal Q			, , , , , , , , , , , , , , , , , , , ,	7 1	~ 1	U

-		
	Page	3

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.  34 Were any significant changes made to the organizating 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)  35 Did the organization are 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)?  36 If "Yes" to line 35a, has the organization filed a Form 390-T for the year? If "Yes," provide an explanation in Schedule O (was the organization as section 501(c)(d), 501(c)(d), organization subject to section 603(e) noticed on lines 2, 6a, and 7a, among others)?  37 If "Yes" to line 35a, has the organization filed a Form 390-T for the year? If "Yes," complete Schedule O, Part III .  38 Did the organization as section 501(c)(d), 501(c)(d), 501(c)(d), organization subject to section 603(e) noticed on line 3, and the province of the section 491 the	Part	Other Information (Note the Schedule A and personal benefit contract statement requirement	s in th	ne	
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.  34 Were any significant changes made to the organizating 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)  35 Did the organization are 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)?  36 If "Yes" to line 35a, has the organization filed a Form 390-T for the year? If "Yes," provide an explanation in Schedule O (was the organization as section 501(c)(d), 501(c)(d), organization subject to section 603(e) noticed on lines 2, 6a, and 7a, among others)?  37 If "Yes" to line 35a, has the organization filed a Form 390-T for the year? If "Yes," complete Schedule O, Part III .  38 Did the organization as section 501(c)(d), 501(c)(d), 501(c)(d), organization subject to section 603(e) noticed on line 3, and the province of the section 491 the		instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part	٧.	
detailed description of each activity in Schedule 0  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 0 (See instructions)  35a  Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities lequic as those reported on lines 2, 6e, and 7e, among others?  b If "Yes" to line 35a, has the organization of a form 390-Tic the year? If "Yes," provide an explanation in Schedule 0, See 11 (19) or 501(c)(6), or 501(c)(6) or		•		Yes	No
44 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 same of the same documents if they reflect a change to the organization's name. Otherwise, explain the same of the organization are 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 if "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "Yes," provide an explanation in Schedule O Was the organization as exclusion 90 ((a)4, 501((c)6), 507 ((c)6)) organization subject to section 603((a)) entitled to the organization and the organization of the same organization organization organization files form 1120-POL for this year? If "Yes," complete Schedule N.  The amount of political expenditures, direct or indirect, as described in the instructions ≥ 37b	33		33	- 2	1
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see Instructions)  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, 6s, and 7a, among others?)  b if "Yes" to line 35a, has the organization flied a Form 990-T for the year? if "No," provide an explanation in Schedule O, Part III	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
activities (such as those reported on lines 2, 6a, and 7a, among others)?  bit "ves" to line 35a, has the organization filed a Form 990-17 the year? If "No," provide an expleration 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.  35c  Did the organization deeper organization, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  37a  Better amount of political expenditures, clinical reports as described in the instructions \bigs 37a  Bid the organization file Form 1120-POL for this year?  38a  Did the organization file Form 1120-POL for this year?  38b  Did the organization file Form 1120-POL for this year?  38b  Did the organization file Form 1120-POL for this year?  38c  Section 501(c)(7) organizations. Enter:  a initiation fees and capital contributions included on line 9 in 39a  Bid Gross receipts, included on line 9 for public use of club facilities  38c  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 \bigs : section 4915 \bigs : section 4911 \bigs : section 4911 \bigs : section 4915 \bigs : section 4911 \bigs : section 4911 \bigs : section 4915 \bigs : section 4911 \bigs : section 4915 \bigs : section 491		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		1
c Was the organization a section 501 (c)(4), 501 (c)(5), or 501 (c)(6) organization subject to section 6034e) notice, reporting, and prove tax requirements during the year? If "Yes," complete Schedule C, Part III    35c    37a   Streamount of political expenditures, direct or indirect, as described in the instructions ▶    37a   Enter amount of political expenditures, direct or indirect, as described in the instructions ▶    37a   Did the organization file Form 1120-POL for this year?    37b   Did the organization file Form 1120-POL for this year?    37b   If "Yes," complete Schedule L, Part II and enter the total amount involved    37b   If "Yes," complete Schedule L, Part II and enter the total amount involved    37c   Section 501 (c)(7) organizations. Enter amount of tax imposed on the organization during the year under: section 4912 ▶    37c   Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶    37c   Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Did the organization engage in any section 4955 ⇒ excess benefit transaction that prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II and the section 4912 ▶    37c   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    37c   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    37c   Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax in posed on organization in the foreign country is the during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T    37c   Section 4912   Section 4912   Section 4912   Section 4912   Section 4912   Section 4912	35a		35a		1
section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax on line 400 reimbursed by the organization that section 711(c)(2) organizations. Enter amount of tax on line 400 reimbursed by the organization in section 711(c)(2) organizations. Enter amount of tax on line 400 reimbursed by the organization before the tax year, was the organization before that sever that sever that the section? If Yes," complete Schedule L, Part II and enter the total amount involved  389 Section 501(c)(7) organizations. Enter:  390 If "Yes," complete Schedule L, Part II and enter the total amount involved  391 Section 501(c)(7) organizations. Enter:  392 In It initiation fees and capital contributions included on line 9  393 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  394 section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization 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 II as on Cyber organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4985, and 4985  d 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, 4985, and 4985  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 400 reimbursed by the organization  400 reimbursed by the organization  401 reganizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If "Yes," complete Form 8886-T  402 The organization was a care of № Susie Stockman  403 Located at № Rotary Club of Peorie 7720 Crestime Drive Suite A, Peorie, IL  404 The organization was a care of W Susie Stockman  405 Located at № Rotary Club of Peorie 7720 Crestime Drive Suite A, Peorie, IL  406 If "Yes," enter the name of the foreign cou	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		
during the year? If "Yes," complete applicable parts of Schedule N  775 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 376  186 Did the organization the form 1120-POL for this year?  1870 388 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?  1870 1870 1870 1870 1870 1870 1870 1870	С		35c		
b Did the organization file Form 1120-POL for this year?  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?  b if "Yes," complete Schedule L, Part II and enter the total amount Involved  38b 38a	36		36		1
b Did the organization file Form 1120-POL for this year?  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?  b if "Yes," complete Schedule L, Part II and enter the total amount involved 38b	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	200	34%	级。
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  383   Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9   38a	b	Did the organization file Form 1120-POL for this year?	37b		1
b If "Yes," complete Schedule L, Part II and enter the total amount involved  39 Section 501(c)(3) 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  39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911	38a		1		
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  39 b Gross receipts, included on line 9, for public use of club facilities  39 b Gross receipts, included on line 9, for public use of club facilities  39 b Gross receipts, included on line 9, for public use of club facilities  39 b Gross receipts, included on line 9, for public use of club facilities  39 b Gross receipts, included on line 9, for public use of club facilities  39 b Gross receipts, included on line 9, for public use of club facilities  39 b Gross receipts, included on line 9, for public use of club facilities  39 b Gross receipts, included on line 9, for public use of club facilities  39 b Gross receipts, included on line 9, for public use of club facilities  30 b Gross receipts, included on line 9, for public use of club facilities  30 b Gross receipts, included on line 9, for public use of club facilities  40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization and expect 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 imposed on organization managers or disqualified persons during the year under sections 4912, 495, 495, 495, 495, 495, 495, 495, 495			38a		<u> </u>
a Initiation fees and capital contributions included on line 9 (Gross receipts, included on line 9, for public use of club facilities (Gross receipts, included on line 9, for public use of club facilities (Gross receipts, included on line 9, for public use of club facilities (Gross receipts, included on line 9, for public use of club facilities (Gross receipts, included on line 9, for public use of club facilities (Gross receipts, included on line 9, for public use of club facilities (Gross receipts, included on line 9, for public use of club facilities (Gross receipts, included on line 9, for public use of club facilities (Gross receipts, included on line 9, for public use of club facilities (Gross receipts, included on line 9, for public use of club facilities (Gross receipts, included on line 9, for public users of club facilities (Gross receipts, included on line 9, for public users of club facilities (Gross receipts, included on line 9, for public users of club facilities (Gross receipts, included on line 9, for public users of club facilities (Gross receipts, included on line 9, for public users of club facilities (Gross receipts, included on line 9, for public users of club facilities (Gross receipts, included on line 9, for public users of club facilities (Gross receipts, included on line 9, for public users on constant on the foreign county (Gross receipts, included on line 40c remains and 10 facilities (Gross receipts, included on line 40c remains and 10 facilities (Gross receipts) (Gross receipts and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account (Gross receipts 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 United States?  43 Section 501-(Gross receipts and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  b) did the organization maintain any donor advised funds during the					
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-E27 if "Yes," complete Schedule L, Part I 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 imposed on organizations and 951 exceptions of the organization and 951 exception of the organization and 951 exception 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c relmbursed by the organization to the organizations. Enter amount of tax on line 40c relmbursed by the organization to the organization at the organization maintain and office outside the United States?  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).  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: ▶  Section 4947(a)(1) nonexempt charitable trusts filing Fo	39	The second secon			
Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year undersection 4911	_	· · · · · · · · · · · · · · · · · · ·			
section 4911 ► ; section 4915 ► ; section 4955 ►   Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 sexcess 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   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    40c reimbursed by the organization    41 List the states with which a copy of this return is filed ►  42a The organization's books are in care of ► Susie Stockman    Located at ► Rotary Club of Peoria 7720 Crestline Drive Suite A, Peoria, IL.    42b The organization's books are in care of ► Susie Stockman    Located at ► Rotary Club of Peoria 7720 Crestline Drive Suite A, Peoria, IL.    42c The instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts of the foreign country: ►  43c Section 4947(a)(1) nonexempt charitable trusts filling 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    44c    44d Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ    b Did the organization perate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ    c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ    c Did the organization perate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ    b Did the organization accounts any payme		h <del></del>			
excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part 1  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  The 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  The organization's books are in care of lambda by the organization and the states with which a copy of this return is filled lambda. Located at lambda by Rotary Club of Peoria 7720 Crestline Drive Suite A, Peone, IL.  Telephone no.  309-676-5432  109-676-5432	40a	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  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  1 List the states with which a copy of this return is filled ▶  1 The organization's books are in care of ▶ Susie Stockman  Located at ▶ Retary Club of Peoria 7720 Crestline Drive Suite A, Peoria, IL.  2 IP + 4 ▶ 61615-1807  1 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).  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: ▶  3 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  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 Did the organization receive any payments for indoor tanning services during the year?  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	b		養養	36	
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 8866-T  List the states with which a copy of this return is filled ▶  The organization's books are in care of ▶ Susis Stockman  Located at ▶ Rotary Club of Peoria 7720 Crestine Drive Suite A, Peoria, IL.  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: ▶  See the instructions for exceptions and filling 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 United States? 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 year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0  45a Did the organization have 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			406		,
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  1 List the states with which a copy of this return is filed ▶  1 The organization's books are in care of ▶ Susie Stockman  1 Located at ▶ Rotary Club of Peoria 7720 Crestline Drive Suite A, Peoria, IL.  2 Located at ▶ Rotary Club of Peoria 7720 Crestline Drive Suite A, Peoria, IL.  2 Lip + 4 ▶ 61615-1907  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: ▶  See the Instructions for exceptions and filling 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 United States? If "Yes," enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filling 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 List the states with which a copy of this return is filled by the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  2 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  3 Did the organization receive any payments for indoor tanning services during the year?  4 Did the organization have 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 in the organization receive any payment from or engage in any transaction with a controlled entity within the mean	_		4UD	Virtuality	杨春年
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 sheiter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed ▶  List the states with which a copy of this return is filed ▶  11 List the states with which a copy of this return is filed ▶  12 The organization's books are in care of ▶ Susie Stockman  Located at ▶ Rotary Club of Peoria 7720 Crestline Drive Suite A, Peoria, IL.  12 IP + 4 ▶  161615-1907  13 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; lesue 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 filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  42b	C				30.76
d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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  List the states with which a copy of this return is filed ▶  The organization's books are in care of ▶ Susie Stockman  Located at ▶ Rotary Club of Peoria 7720 Crestline Drive Suite A, Peoria, IL.  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).  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: ▶  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 . 44b					
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  List the states with which a copy of this return is filed ▶  42a The organization's books are in care of ▶ Susie Stockman  Located at ▶ Rotary Club of Peoria 7720 Crestline Drive Suite A, Peoria, IL.  2/2 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).  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: ▶  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	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line		100	
transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed ▶  The organization's books are in care of ▶ Susie Stockman  Located at ▶ Rotary Club of Peoria 7720 Crestline Drive Suite A, Peoria, IL.  ZIP + 4 ▶ 61615-1907  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).  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: ▶  3 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	_				
Telephone no. ► 309-676-5432  Located at ► Rotary Club of Peoria 7720 Crestline Drive Suite A, Peoria, IL.  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).  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: ►  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	e		40e		1
Located at ▶ Rotary Club of Peoria 7720 Crestline Drive Suite A, Peoria, IL. ZIP + 4 ▶ 61615-1907  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 filling 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 United States? 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	41	List the states with which a copy of this return is filed ▶			
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).  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:   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	42a	The organization's books are in care of ▶ Susie Stockman Telephone no. ▶	309-67	6-5432	2
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 filling 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 United States?  If "Yes," enter the name of the foreign country: ▶  43 Section 4947(a)(1) nonexempt charitable trusts filling 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			61615		
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).  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: ►  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	b			Yes	No
See the Instructions for exceptions and filling 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 United States?  If "Yes," enter the name of the foreign country:  43 Section 4947(a)(1) nonexempt charitable trusts filling 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.  44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  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.  c Did the organization receive any payments for indoor tanning services during the year?  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 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			42b	(alar c all).	<b>√</b>
Financial Accounts (FBAR).  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:   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					
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: ▶  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			<b>原</b>		
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  Yes Note  44  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  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.  c Did the organization receive any payments for indoor tanning services during the year?  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)?  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	c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	ingine.	ntiser.
and enter the amount of tax-exempt interest received or accrued during the tax year	AZ				▶ □
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filled a Form 720 to report these payments? If "No," provide an explanation in Schedule O	70		• •	ر	Na
completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  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)?  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	44a	Did the organization maintain any donor advised funds during the year? If "Yes." Form 990 must be	XXX.		140 145%
completed instead of Form 990-EZ	_	completed instead of Form 990-EZ		40 MG	A SECTION
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		completed instead of Form 990-EZ	<b>—</b>		<b>√</b>
explanation in Schedule O				\$ 25 A. 1	d Section
Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. d			推過	<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	AE-	·		٠ ,	-
meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			*****	PENES.	<b>V</b>
	U		45b		

	Form 99	0-ÈZ (2	017)						P	age 4			
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  Job the organization angage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part III yes," organization as chool as described in section 170(b)(1)/A/iii? If "Yes," complete Schedule E  48 Is the organization aschool as described in section 170(b)(1)/A/iii? If "Yes," complete Schedule E  48 Is the organization make any transfers to an exempt non-charitable related organization?  48 Is the organization aschool as described in section 570 roganization?  49 If "Yes," was the related organization if the inspired companization?  50 Complete this table for the organization's five highest compensation from the organization. If there is none, enter "None."  (a) Name and title of each employee  (b) Name and title of each employee   who each received more than \$100,000 of compensation from the organizations five highest compensation in the properties of the properties	_	Did to	ne organization engage, directly or in ndidates for public office? If "Yes," o	ndirectly, in political complete Schedule C	ampaign activities	on behalf	of or in opposition	,	Yes	No /			
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  48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  48 Did the organization and a section 52 organization?  50 Complete this table for the organization as section 52? organization?  60 Name and title of each employee  60 Name and title of each employee  60 Name and title of each employee  61 Repensible compensation  62 Name and title of each employees palst over \$100,000 or compensated independent contractors who each received more than \$100,000 or compensation from the organization. If there is none, enter "None."  61 Total number of other employees palst over \$100,000 or compensated independent contractors who each received more than \$100,000 or compensation from the organization if there is none, enter "None."  62 Complete this table for the organization if there is none, enter "None."  63 Name and business address of each independent contractor.  64 Name and business address of each independent contractor.  65 Did the organization complete Schedule A? Note: All section \$510,000 or compensation.  66 Total number of other independent contractors each receiving over \$100,000 or compensation.  67 Did the organization of prefits (piter than office) is based on all information of which prepare has any knowledge and ballet, it is true, correct, and complete Schedule A? Note: All section \$510,000 or complete Schedule A? Note: All section \$510,000 or prepared to the prepared prepared to the prepared prepared to the prepared prepared to prepare	Part	VI	All section 501(c)(3) organization 50 and 51.	s must answer que			·	tables f	or line	es $\Box$			
10 til the organization engage in lobbying activities or have a section 501(fi) election in effect during the tax year? If "Yes," complete Schedule C, Part II   48   18 the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   48   49   49   49   49   49   49   49			Check if the organization used Sci	ledule O to respond	to any question	ir uns Pari	. VI	<del>_ : _ : </del> ::	Vas	No.			
the organization a school as described in section 170(b)(1)(A)(P)(F) if Yes," complete Schedule E  49a Did the organization make any transfers to an exempt non-charitable related 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 ocmpensation from the organization. If there is none, enter *None.*  6(a) Name and title of each employee   but per the organization is five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 ocmpensation from the organization. If there is none, enter *None.*  7 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  (c) Reportable of experiments of the experiments of the properties of experiments of the experiments of the organization of the organization. If there is none, enter *None.*  (a) Name and business address of each independent contractors  (b) Type of service (c) Compensation  (c) Compensation contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter *None.*  (e) Total number of other independent contractors each receiving over \$100,000 . ▶  10 If the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A properties of postary in contractors are not expertise of postary in contractors are not expertis	47												
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 tritle of each employee  (b) Average hours per week devoted to position  (c) Reportable compensation  (d) Reportable compensation  (e) Reportable compensation  (f) Enter than officers, directors, trustees, and key employees (other than officers) the organization of the organization organizatio	48												
Complete this table for the organization's five highest compansated employees (other than offices, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."    **Total number of other employees paid over \$100,000	49a	•											
(a) Name and talls of each employee   (b) Average hours per week develote to position   (c) Resontable (contributions to remployee benefit plans, and deferred compensation   (e) Estimated amount of other compensation   (e) Estimated amount of ot		Com	If "Yes," was the related organization a section 527 organization?										
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 prepting (other than office) is based on all information of which preparer has any knowledge.  Sign  Nony Berenmann, Treasurer  Type or print name and title  Preparer  Use Only  Firm's name ▶ Firm's name ▶ Firm's signature  Phone no				(b) Average hours per week	(c) Reportable compensation	(d) H contribu benefit p	lealth benefits, tions to employee lans, and deferred	(e) Estimate	ed amou	unt of			
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 prepting (other than office) is based on all information of which preparer has any knowledge.  Sign  Nony Berenmann, Treasurer  Type or print name and title  Preparer  Use Only  Firm's name ▶ Firm's name ▶ Firm's signature  Phone no													
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 prepting (other than office) is based on all information of which preparer has any knowledge.  Sign  Nony Berenmann, Treasurer  Type or print name and title  Preparer  Use Only  Firm's name ▶ Firm's name ▶ Firm's signature  Phone no													
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 prepting (other than office) is based on all information of which preparer has any knowledge.  Sign  Nony Berenmann, Treasurer  Type or print name and title  Preparer  Use Only  Firm's name ▶ Firm's name ▶ Firm's signature  Phone no													
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 prepting (other than office) is based on all information of which preparer has any knowledge.  Sign  Nony Berenmann, Treasurer  Type or print name and title  Preparer  Use Only  Firm's name ▶ Firm's name ▶ Firm's signature  Phone no		*											
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 prepting (other than office) is based on all information of which preparer has any knowledge.  Sign  Nony Berenmann, Treasurer  Type or print name and title  Preparer  Use Only  Firm's name ▶ Firm's name ▶ Firm's signature  Phone no						-							
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		\$100	plete this table for the organization ,000 of compensation from the orga	s five highest compo nization. If there is no	one, enter "None."					than			
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		(a)	Name and business address of each independ	ent contractor	(b) Type of	service	(c) (	Compensati	on				
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A													
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A						<del> </del>		,					
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A				-									
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A				***************************************									
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	d	Total	number of other independent contra	ectors each receiving	over \$100.000	. ▶							
true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Signature of officer Date  Tony Beiermann, Treasurer Type or print name and title  Print/Type preparer's name Preparer Use Only Firm's name Firm's address ▶ Phone no		Did 1	the organization complete Schedu	•				_		 No			
Sign Here  Signature of officer  Tony Beiermann, Treasurer  Type or print name and title  Paid Preparer Use Only  Firm's name  Firm's address ▶  Paid Preparer  Preparer's signature  Date  Check ☐ if self-employed  Firm's EIN ▶  Phone no								wiedge and	belief,	it ıs			
Sign Here    Signature of officer   Date								3					
Type or print name and title  Paid Preparer Use Only    Type or print name and title   Preparer's signature   Date   Check   if self-employed   Print/Type preparer's signature   Prep	Sign Here	Signature of officer Date						<del>                                     </del>					
Paid Preparer Use Only Firm's name ► Firm's EIN ► Phone no	-												
Use Only Firm's name ► Firm's EIN ► Phone no		arer	Print/Type preparer's name	Preparer's signature		Date		rf {					
**								<u></u>					
	May th	e IRS	<del></del>	shown above? See	Instructions			Vac		N <sub>C</sub>			

## SCHEDULE O (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.

2017
Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-E2.

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

Rotary Club of Peoria	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 s	chools 24,681
District 6460 Capita Dues	7,215
Rotary International Per Capita Dues	11,491
Total Line 10 ( GRANTS AND SIMILAR AMOUNTS PAID)	\$ 74,456
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	***************************************
***************************************	
	**************************************
	•
***************************************	