

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)

▶ 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. **1906****2018****Open to Public Inspection**Department of the Treasury
Internal Revenue Service**A** For the 2018 calendar year, or tax year beginning July 1, 2018, and ending June 30, 2019**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)

60 State Street-P.O. Box 5639

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

Peoria, IL 61601-5639

Room/suite

04

D Employer identification number

37-0493235

E Telephone number

309-676-5432

F Group Exemption

Number ▶ 0572

G Accounting Method:☒ Cash ☐ Accrual ☐ Other (specify) ▶**I** Website: ▶ peoriarotary.org**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

\$ 157,988

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	15,184
	2	Program service revenue including government fees and contracts	2	11,613
	3	Membership dues and assessments	3	35,382
	4	Investment income	4	251
	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	95,463	
7b	Less: cost of goods sold	7b	42,474	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	52,989	
8	Other revenue (describe in Schedule O)	8	95	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	115,514	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	62,928
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	14,252
	13	Professional fees and other payments to independent contractors	13	1,217
	14	Occupancy, rent, utilities, and maintenance	14	1,037
	15	Printing, publications, postage, and shipping	15	568
	16	Other expenses (describe in Schedule O)	16	17,568
17	Total expenses. Add lines 10 through 16	17	97,570	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	17,944
	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	155,428
	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	173,372

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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	155,428	22 173,372
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	155,428	25 173,372
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	155,428	27 173,372

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 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. (Grants \$ 29,027) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	29,027
29 The Rotary Club of Peoria provided twelve community service grants to deserving not-for profits in our Peoria area. The grants ranged from \$400 to \$2,000. The recipients are listed in Schedule O attached. (Grants \$ 12,190) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	12,190
30 Our Rotary Club recognizes that hunger is a significant issue for many individuals in our Peoria area. Therefore we provided Hunger Grants/Awards to twelve deserving organizations that help provide basic needs such as food, clothing, and shelter to those in need. These grants ranged from \$500 to \$1000. See Schedule O. (Grants \$ 9,000) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	9,000
31 Other program services (describe in Schedule O) (Grants \$ 12,711) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	12,711
32 Total program service expenses (add lines 28a through 31a)	32	62,928

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
Andrea Parker, President	30	0	0	0
Lisa Mullins, Treasurer	2	0	0	0
Jenifer Davis, Secretary	2	0	0	0
Maggie Freidag, President Elect	10	0	0	0
Shelly Heiden, Immediate Past President	1	0	0	0
Steve Driscoll, Director	1	0	0	0
Kari Gabbert, Director	1	0	0	0
Janet Bantz Glavin, Director	1	0	0	0
Scott McCord, Director	1	0	0	0
Brian Mooty, Director	1	0	0	0
Brad Stegall, Director	1	0	0	0
Susie Stockman, Director	1	0	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	Total assets		25
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		27

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III . . . ☐

What is the organization's primary exempt purpose?

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

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
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
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 60 State Street P.O. Box 5639 Peoria, IL</u> ZIP + 4 ▶ <u>61601-5639</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).	42b	✓
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 ▶	42c	✓
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	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	✓

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<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
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	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 <i>Lisa Mullins</i>	Date <i>11/31/20</i>
	Lisa Mullins, Treasurer Type or print name and title	

Paid Preparer Use Only	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

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

2018

**Open to Public
Inspection**

Name of the organization

Rotary Club of Peoria

Employer identification number

37-0493235

Line 8-OTHER REVENUE

Member pin Sales \$ 95

Total Line 8 (OTHER REVENUE) \$ 95

Line 10- GRANTS AND SIMILAR AMOUNTS PAID

Community Projects \$ 12,190

Hunger Grants 9,000

Wheelchair Basketball Dinner for IHSA wheelchair athletes and families 501

Trewyn School Reading Program 440

Sterling Merrit Banquet- Academic recognition banquet for top 8% of graduating seniors at area high schools 29,027

Rotary International Per Capita Dues 11,770

Total Line 10 (GRANTS AND SIMILAR AMOUNTS PAID) \$ 62,928

Name of the organization	Employer identification number
Rotary Club of Peoria	37-0493235

Line 16- OTHER EXPENSES

Conferences	\$ 601
Dues and Subscriptions	2,775
Insurance	900
Office Supplies and Internet Service	2,599
Miscellaneous Weekly Meeting Expenses	460
Flags For Speaker Gifts	172
Social Events/ Recruit New Members	2,794
Presidents Honorarium	300
Memorials-Flowers	2,800
Rotary Backdrop, Table Cloths, New Member Kits, and Rotary Pins	1,247
Bank Service Charges	1,273
Other Miscellaneous Expenses	1,647
Total Line 16 (OTHER EXPENSES)	\$ 17,568

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 175 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.

Name of the organization

Employer identification number

Rotary Club of Peoria

37-0493235

Line 29-Community Service Grant Recipients

American Red Cross of Central Illinois	\$2,000
EPIC	1,400
Junior Achievement of Central Illinois	700
Paws Giving Independence, NFP	1,000
CASA- Court Appointed Special Advocates for Peoria County	1,000
South Side Office of Concern	1,000
Center for Prevention of Abuse	1,000
Central Illinois Center for the Blind and Visually Impaired	700
Crittenton Centers	900
Goodwill Industries of Central Illinois	1,000
Dream Center Peoria	1,000
ART, Inc.	400
Total Line 29 (Community Service Grant Recipients)	\$12,190

Line 30-Hunger Grants/Awards

Center for Prevention of Abuse	\$ 1,000
Central Illinois Agency on Aging	1,000
Common Place Family Learning Center	800
Crittenton Centers	1,000
East Bluff Community Center-Food Pantry	500
Glen Oak Christian Church-Food Ministry	500
Greater Peoria Family YMCA	700
Heart of Illinois Harvest	1,000
Neighborhood House	500
South Side Office of Concern-Kids in the Kitchen	1,000
Trinity Lutheran Church -Franklin Primary School Snack Packs	500
Universalist Unitarian Church-Snack Pack Program	500

Name of the organization

Rotary of Peoria

Employer identification number

37-0493235

(CONTINUED FROM PREVIOUS PAGE)

Total Line 30 (Hunger Grants/Awards)

\$ 9,000

Line 31- Other Program Services

Wheelchair Basketball Dinner for Illinois High School Association wheelchair athletes and families

\$ 501

Trewyn Primary School Reading Program-Rotary volunteers read once a week with students one on one

440

Rotary International Per Capita Dues

11,770

Total Line 31 (Other Program Services)

\$12,711