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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 07-01-2010

, and ending 06-30-2011

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization Rotary International - North Jackson	D Employer identification number 23-7118850
Number and street (or P O box, if mail is not delivered to street address) PO Box 9528	E Telephone number (601) 898-8875
City or town, state or country, and ZIP + 4 Jackson, MS 392069528	F Group Exemption Number ►

G Accounting method Cash Accrual Other (specify) ► _____I Website: ► www.rotaryclubofnorthjackson.orgJ Tax-Exempt status (check only one) — 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 91,572

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

1 Contributions, gifts, grants, and similar amounts received	1	5,677
2 Program service revenue including government fees and contracts	2	72,716
3 Membership dues and assessments	3	13,179
4 Investment income	4	
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6d	
c Less direct expenses from gaming and fundraising events	6c	
d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)		
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	91,572
10 Grants and similar amounts paid (list in Schedule O)	10	
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	834
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe in Schedule O)	16	88,826
17 Total expenses. Add lines 10 through 16	17	89,660
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,912
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	23,283
20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	25,195

Part II Balance SheetsCheck if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

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

(A) Beginning of year	(B) End of year	
17,247	22	19,166
	23	
6,036	24	6,029
23,283	25	25,195
0	26	0
23,283	27	25,195

Part III Statement of Program Service AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

To provide humanitarian service, encourage high ethical standards in all vocations, and help build goodwill and peace in the world

Describe what was achieved in carrying out the organization's exempt purposes 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 and section 4947(a)(1) trusts, optional for others)

28 The organization held weekly meetings of business and professional leaders to promote the ideal of service above self

(Grants \$ 0) If this amount includes foreign grants, check here **28a** 69,866

29 The Organization provided support to local charities who are 501(c)(3) organizations In addition the organization supported the efforts of the Rotary Foundation to eradicate polio in the remaining countries in the world

(Grants \$ 0) If this amount includes foreign grants, check here **29a** 2,103**30**(Grants \$) If this amount includes foreign grants, check here **30a****31** Other program services (describe in Schedule O)(Grants \$) If this amount includes foreign grants, check here **31a****32 Total program service expenses** (add lines 28a through 31a)**32** 71,969**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 address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any 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 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)

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on **Form 990-T** for this year? (see instructions)

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** 0

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**

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) and 501(c)(4) 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

c *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0

d *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax on line 40c reimbursed by the organization 0

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

	Yes	No
33		No
34		No
35a		No
35b		
36		No
37b		
38a		No
38b		
39a		
39b		
40b		No
40c		
40d		
40e		No
41	List the states with which a copy of this return is filed MS	
42a	The organization's books are in care of Charles R Lindsay CPA Telephone no (601) 898-8875	
	599C Steed Rd Located at Ridgeland, MS ZIP + 4 39157	
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	
	If "Yes," enter the name of the foreign country 	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43	
44a	Did the organization maintain any donor advised funds? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ</i>	
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	

	Yes	No
42b		No
42c		No

	Yes	No
44a		
44b		No
44c		No
44d		

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ	<input type="checkbox"/> 45	<input type="checkbox"/> No
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 must be completed instead of Form 990-EZ	<input type="checkbox"/> 45a	<input type="checkbox"/> 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	<input type="checkbox"/> 46	<input type="checkbox"/> No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/> 47	<input type="checkbox"/>
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> 48	<input type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> 49a	<input type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> 49b	<input type="checkbox"/>
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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(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 and 4947(a)(1) nonexempt charitable trusts 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 Don Roberts President Type or print name and title	2012-05-14 Date		
	Preparer's signature Charles R Lindsay Jr CPA	Date 2012-05-14	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 Matthews Cutrer & Lindsay PA 599 C Steed Rd Ridgeland, MS 39157	EIN <input type="checkbox"/>		
				Phone no <input type="checkbox"/> (601) 898-8875

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 to provide any additional information.
► Attach to Form 990 or 990-EZ.

2010**Open to Public
Inspection****Name of the organization**

Rotary International - North Jackson

Employer identification number

23-7118850

Identifier	Return Reference	Explanation
Other Expenses	Form 990-EZ, Part I, Line 16	Description Dues Amount 13,701 Description Meals Amount 40,183 Description Club events Amount 16,857 Description Conferences Amount 7,669 Description Other Expenses Amount 7,724 Description Promotions Amount 300 Description Program Supplies Amount 871 Description Postage Amount 153 Description Bank Fees Amount 38 Description Badges Amount 565 Description Website Fees Amount 579 Description Office Supplies Amount 186 Total to Form 990-EZ, line 16 88,826

Identifier	Return Reference	Explanation
Other Assets	Form 990-EZ, Part II, Line 24	Description PHF Clearing Beg of Year Amount 7 End of Year Amount 0 Description Members Current Accounts Beg of Year Amount 6,029 End of Year Amount 6,029

TY 2010 Transfers Personal Benefits Contracts Declaration

Name: Rotary International - North Jackson

EIN: 23-7118850

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

Additional Data

Software ID:
Software Version:
EIN: 23-7118850
Name: Rotary International - North Jackson

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Charles Lindsay PO Box 9528 Jackson, MS 39206	President 2 00	0	0	0
Don Roberts PO Box 9528 Jackson, MS 39206	Vice President 2 00	0	0	0
Edley Jones PO Box 9528 Jackson, MS 39206	Secretary 2 00	0	0	0
Mike Dawkins PO Box 9528 Jackson, MS 39206	Treasurer 2 00	0	0	0
Mark Green PO Box 9528 Jackson, MS 39206	Past President 1 00	0	0	0
Lee Bush II PO Box 9528 Jackson, MS 39206	Board Member 1 00	0	0	0
Greg Campbell PO Box 9528 Jackson, MS 39206	Board Member 1 00	0	0	0
Sean Culhane PO Box 9528 Jackson, MS 39206	Board Member 1 00	0	0	0
Sara Saxton PO Box 9528 Jackson, MS 39206	Board Member 1 00	0	0	0
Walter Knepper PO Box 9528 Jackson, MS 39206	Board Member 1 00	0	0	0
Suzie Baker PO Box 9528 Jackson, MS 39206	Board Member 1 00	0	0	0
Tim Collins PO Box 9528 Jackson, MS 39206	Board Member 1 00	0	0	0