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2011

Open to Public
Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 07-01-2011

, and ending 06-30-2012

B Check if applicable

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

C Name of organization	Rotary International - North Jackson
Number and street (or P O box, if mail is not delivered to street address)	Room/suite
PO Box 9528	
City or town, state or country, and ZIP + 4	
Jackson, MS 392069528	

D Employer identification number	23-7118850
E Telephone number	(601) 898-8875
F Group Exemption Number	►

G Accounting method Cash Accrual Other (specify) ► _____

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

I Website: ► www.northjacksonrotary.org

J Tax-Exempt status (check only one) 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ► \$ 109,097

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	
	2 Program service revenue including government fees and contracts	2	109,097
	3 Membership dues and assessments	3	
	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	6a	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	
Expenses	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 exceeds \$15,000)	6c	
	c Less direct expenses from gaming and fundraising events	6d	
	d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	7a	
	7a Gross sales of inventory, less returns and allowances	7b	
	b Less cost of goods sold	7c	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
	8 Other revenue (describe in Schedule O)	9	109,097
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	2,708
	10 Grants and similar amounts paid (list in Schedule O)	11	
Net Assets	11 Benefits paid to or for members	12	
	12 Salaries, other compensation, and employee benefits	13	500
	13 Professional fees and other payments to independent contractors	14	
	14 Occupancy, rent, utilities, and maintenance	15	
	15 Printing, publications, postage, and shipping	16	104,987
	16 Other expenses (describe in Schedule O)	17	108,195
	17 Total expenses. Add lines 10 through 16	18	902
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	25,196
	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)	20	0
	20 Other changes in net assets or fund balances (explain in Schedule O)	21	26,098
	21 Net assets or fund balances at end of year Combine lines 18 through 20		

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)

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	19,167	22	14,926
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	6,029	24	11,172
25 Total assets	25,196	25	26,098
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 25 of column (B) must agree with line 21)	25,196	27	26,098

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 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 and section 4947(a)(1) trusts, optional for others)

28 The organization held weekly meetings of business and professional leaders to promote business development and community service(Grants \$ 0) If this amount includes foreign grants, check here **28a** 73,656**29** The organization distributed books to elementary schools and dictionaries to all 3rd grade students in the North Jackson area. Star students from all area high schools were recognized for their accomplishments(Grants \$ 0) If this amount includes foreign grants, check here **29a** 965**30** The organization provided support to ten local charities and to support the efforts of the Rotary Foundation, worldwide. Each of the organizations selected are exempt under section 501(c)(3) of the IRS code(Grants \$ 0) If this amount includes foreign grants, check here **30a** 28,900**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** 103,521**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 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 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 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 "No," provide an explanation in Schedule O

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

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** 0

39 *Section 501(c)(7) organizations.* Enter

a Initiation fees and capital contributions included on line 9 **39a** 0

b Gross receipts, included on line 9, for public use of club facilities **39b** 0

40a *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under

section 4911 0, section 4912 0, section 4955 0

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 **40e** 0

41 List the states with which a copy of this return is filed **41** MS

42a The organization's books are in care of **42a** Charles R Lindsay CPA Telephone no **42a** (601) 898-8875

Located at **42a** 599C Steed Rd 42a Ridgeland, MS ZIP + 4 **42a** 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 **42b** _____

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 **42c** _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here **43** _____ and enter the amount of tax-exempt interest received or accrued during the tax year **43** 0

44a Did the organization maintain any donor advised funds? 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)?

45b 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)*

	Yes	No
33	33	No
34	34	No
35a	35a	No
35b	35b	
35c	35c	No
36	36	No
37a	37a	0
37b	37b	
38a	38a	No
38b	38b	
39a	39a	
39b	39b	
40a	40a	
40b	40b	No
40c	40c	0
40d	40d	0
40e	40e	No
41	41	MS
42a	42a	Charles R Lindsay CPA
		Telephone no 42a (601) 898-8875
		Located at 42a 599C Steed Rd 42a Ridgeland, MS ZIP + 4 42a 39157
42b	42b	
42c	42c	No
43	43	0
44a	44a	No
44b	44b	No
44c	44c	No
44d	44d	
45a	45a	No
45b	45b	

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	
49a	

49a Did the organization make any transfers to an exempt non-charitable related organization?

49b	
50	

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

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

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 Edley H Jones President Type or print name and title	2012-09-10 Date
Paid Preparer's Use Only	Preparer's signature <input type="checkbox"/> Charles R Lindsay Jr CPA Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/> Matthews Cutrer & Lindsay PA 599 C Steed Rd Ridgeland, MS 39157	Date 2012-09-10 Check if self-employed <input type="checkbox"/> Preparer's taxpayer identification number (See instructions) P00294610
		EIN <input type="checkbox"/> 64-0897081 Phone no <input type="checkbox"/> (601) 898-8875

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Additional Data

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

Form 990-EZ, Special Condition Description:

Special Condition Description

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
Don Roberts PO Box 9528 Jackson, MS 39206	President 1 00	0	0	0
Edley Jones PO Box 9528 Jackson, MS 39206	Vice President 1 00	0	0	0
Charles Lindsay PO Box 9528 Jackson, MS 39206	Past President 1 00	0	0	0
Mike Dawkins PO Box 9528 Jackson, MS 39206	Secretary 1 00	0	0	0
Sean Culhane PO Box 9528 Jackson, MS 39206	Treasurer 1 00	0	0	0
Uriel Pineda PO Box 9528 Jackson, MS 39206	Board Member 1 00	0	0	0
Joe Dove PO Box 9528 Jackson, MS 39206	Board Member 1 00	0	0	0
Sara White 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
Henry J Larose PO Box 9528 Jackson, MS 39206	Board Member 1 00	0	0	0

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.

2011**Open to Public
Inspection**Name of the organization
Rotary International - North Jackson**Employer identification number**

23-7118850

Identifier	Return Reference	Explanation
Payments to Affiliates	Form 990-EZ, Part I, Line 10	Affiliate Name Polio Plus Campaign Amount of Payment 2,708
Other Expenses	Form 990-EZ, Part I, Line 16	Description Membership events Amount 7,668 Description Dues Amount 9,944 Description Bank Fees Amount 99 Description Badges Amount 1,162 Description Advertising Amount 93 Description Meal Costs Amount 43,180 Description Postage Amount 86 Description Conventions Amount 9,832 Description Star Student Amount 300 Description Dictionary Project Amount 965 Description Website Fees Amount 867 Description Charitable Donations Amount 28,900 Description Polio Plus Pancake Breakfast Amount 1,591 Description Initiation fee Amount 300 Total to Form 990-EZ, line 16 104,987
Other Assets	Form 990-EZ, Part II, Line 24	Description Member's current accounts Beg of Year Amount 6,029 End of Year Amount 11,172

TY 2011 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.