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Short Form

OMB No. 1545-1150

Form **990-EZ**

Return of Organization Exempt From Income Tax

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

2014

Open to Public Inspection

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning **May 01**, 2014, and ending **April 30**, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Jupiter Island Residents Association, Inc.		D Employer identification number 59-1004927
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number (772) 545-0022
	P.O. Box 1551		F Group Exemption Number ▶
	City or town, state or province, country, and ZIP or foreign postal code Hobe Sound, FL 33475-1551		

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: ▶ **N/A**

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

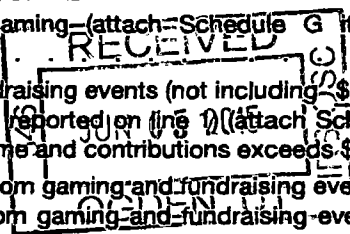
K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **70,781**

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	Expenses	Net Assets
1 Contributions, gifts, grants, and similar amounts received		1 5,966
2 Program service revenue including government fees and contracts		2 597
3 Membership dues and assessments		3 64,200
4 Investment income		4 18
5a Gross amount from sale of assets other than inventory		
5b Less: cost or other basis and sales expenses		
5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c 0
6 Gaming and fundraising events		
6a Gross income from gaming (attach Schedule G if greater than \$15,000)		
6b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
6c Less: direct expenses from gaming and fundraising events		
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d 0
7a Gross sales of inventory, less returns and allowances		
7b Less: cost of goods sold		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c 0
8 Other revenue (describe in Schedule O)		8 0
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9 70,781
10 Grants and similar amounts paid (list in Schedule O)		10 0
11 Benefits paid to or for members		11 0
12 Salaries, other compensation, and employee benefits		12 0
13 Professional fees and other payments to independent contractors		13 0
14 Occupancy, rent, utilities, and maintenance		14 1,120
15 Printing, publications, postage, and shipping		15 36,370
16 Other expenses (describe in Schedule O)		16 28,153
17 Total expenses. Add lines 10 through 16 ▶		17 65,643
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18 5,138
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 50,554
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 55,692

SCANNED JUN 30 2015



95,65

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and reporting requirements.

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 Yes No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47 Yes No

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."

Table with 5 columns: (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."

Table with 3 columns: (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 Christopher Smith, President Date 6/1/2015

Paid Preparer Use Only Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions Yes No

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2014

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▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Name of the organization

Jupiter Island Residents Association, Inc.

Employer identification number

59-1004927

Form 990-EZ, Part 1, Line 1, Contributions, Gifts, Grants & Similar Amounts Received: Contributions - \$5,966.

Form 990-EZ, Part 1, Line 4, Investment Income - Interest on Savings & Temporary Cash Investments - \$18.

Form 990-EZ, Part 1, Line 16, Other Expenses: Administration Expenses - \$13,319.

Form 990-EZ, Part 1, Line 16, Other Expenses: Lecture/Entertainment Series - \$14,019.

Form 990-EZ, Part 1, Line 16, Other Expenses: Liability Insurance - \$815.