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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 private foundations)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: ROTARY INTERNATIONAL JEFFERSON CITY BREAKFAST CLUB
Number and street (or P O box, if mail is not delivered to street address): PO BOX 702
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: JEFFERSON CITY, MO 65101

D Employer identification number: 43-1576977
E Telephone number: (573) 635-0227
F Group Exemption Number: 0573

G Accounting Method: [X] Cash [] Accrual Other (specify) _____

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

I Website: www.jeffcityrotary.org

J Tax-exempt status (check only one): [] 501(c)(3) [X] 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. \$ 42,262

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 [X]

Table with 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

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	15,225	22 16,911
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	15,225	25 16,911
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,225	27 16,911

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?

TO ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS OF WORTHY ENTERPRISE AND A COMMITMENT TO SERVICE ABOVE SELF

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

28 ROTARY YOUTH LEADERSHIP ACADEMY - THE ROTARY SPONSORS STUDENTS TO ATTEND A THREE DAY PROGRAM FOR SOPHOMORES/JUNIORS IN HIGH SCHOOL (Grants \$ 923) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 ANNUALLY THE CLUB HOSTS A FOREIGN EXCHANGE STUDENT THE CLUB PROVIDES THE STUDENT A MONTHLY STIPEND TO ASSIST WITH THEIR LIVING COSTS (Grants \$ 2,035) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 ROTARY MEMBERSHIP - CLUB ACTIVITIES INCLUDE BUT ARE NOT LIMITED TO PARTICIPATION IN AN ADOPT-A-HIGHWAY CLEANUP PROJECT, FOOD DRIVE FOR THE RAPE ABUSE CRISIS CENTER, AND ADOPTING FAMILIES AT CHRISTMAS (Grants \$ 25,372) 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) <input type="checkbox"/>	32	28,330

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
STEVE ERICKSON Secretary	1 00	0		
STEVE DINOLFO Treasurer	1 00	0		
WILLIAM COWELL President	2 00	0		
ROB GOTH Past President	1 00	0		
DAN SAUER SERGEANT AT ARM	1 00	0		
GEORGE KASTLER BOARD MEMBER	1 00	0		
BOB ASAHL Vice President	1 00	0		
THOMAS QUINN BOARD MEMBER	1 00	0		
DAN MCPHERSON BOARD MEMBER	1 00	0		
SALLY POWELL BOARD MEMBER	1 00	0		
CONNIE VAUGHAN BOARD MEMBER	1 00	0		

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 columns. Rows include questions 33 through 40e regarding organizational activities, financials, and tax matters.

41 List the states with which a copy of this return is filed
42a The organization's books are in care of STEVE DINOLFO Telephone no (573) 636-5227
Located at BOX 702 JEFFERSON CITY, MO ZIP +4 65101

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

	Yes	No
46		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

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		
48		
49a		
49b		

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

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

b If "Yes," was the related organization a section 527 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 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
NONE				

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
NONE		

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 _____ Date 2015-09-30
 BOB ASAHL Vice President
 Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name JO L MOORE CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00165982
Firm's name <input type="checkbox"/> Evers & Company CPAs LLC			Firm's EIN <input type="checkbox"/>	
Firm's address <input type="checkbox"/> 520 Dix Road Jefferson City, MO 65109			Phone no (573) 635-0227	

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.

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization
ROTARY INTERNATIONAL JEFFERSON CITY
BREAKFAST CLUB

Employer identification number

43-1576977

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 1	MISCELLANEOUS INCOME \$323
Other Revenue 2	RACS \$20
Other Expenses 1003	Information Technology \$381
Other Expenses 1007	Conferences, Conventions, and Meetings \$9517
Other Expenses 1	MEMBERS CONTRIBUTION TO RI \$3665
Other Expenses 2	PRESIDENT'S DISCRETIONARY \$2632
Other Expenses 3	Rotary Panama Water Project \$2200
Other Expenses 4	FOREIGN EXCHANGE STUDENT \$2035
Other Expenses 5	Rotary Youth Leadership Academ \$923
Other Expenses 6	PAST PRESIDENT PLAQUE \$209
Other Expenses 7	POLIO PLUS \$205
Other Expenses 8	Orientation Expenses \$203
Other Expenses 9	MISCELLANEOUS \$180
Other Expenses 10	FLOWERS & MEMORIALS \$149
Other Expenses 11	ROTARACT \$100
Other Expenses 12	PETS/SETS \$75
Other Expenses 14	VOLUNTEER AWARD \$33
Other Expenses 15	BANK FEES \$12
PART I LINE 10 - GRANTS PAID AND SIMILAR AMOUNTS	AMOUNTS LISTED UNDER PART I LINE 10 - GRANTS PAID INCLUDE 3 SCHOLARSHIPS TO LOCAL HIGH SCH OOL STUDENTS FOR \$1,000 EACH, PAYMENTS TO ROTARY INTERNATIONAL FOR INTERNATIONAL DUES \$3,5 22 AND PAYMENTS TO ROTARY DISTRICT FOR DISTRICT DUES \$1,441