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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)

2015

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 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable

Address change
 Name change
 Initial return
 Final 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) P O Box 9528	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** 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 ► \$ 140,092**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	6,992
	2 Program service revenue including government fees and contracts	2	131,996
	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		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ 4,397 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	1,104
	c Less direct expenses from gaming and fundraising events	6c	1,104
	d 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	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	138,988
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	43,558
	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	525
	14 Occupancy, rent, utilities, and maintenance	14	200
	15 Printing, publications, postage, and shipping	15	169
	16 Other expenses (describe in Schedule O)	16	100,623
	17 Total expenses. Add lines 10 through 16 ►	17	145,075
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,087
	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	39,349
	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	33,262

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	46,147	22 32,131
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	1,193	24 1,211
25 Total assets	47,340	25 33,342
26 Total liabilities (describe in Schedule O)	7,991	26 80
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	39,349	27 33,262

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?

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

28

See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a
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29

(Grants \$)	If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29a
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30

(Grants \$)	If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30a
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31 Other program services (describe in Schedule O)

(Grants \$)	If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	31a
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32 Total program service expenses (add lines 28a through 31a)	32	142,876
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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
Tom Parry President	2 00	0	0	0
Wyatt Emmerich Vice President	1 00	0	0	0
Anna Powers Secretary	1 00	0	0	0
Witt Ruffin Treasurer	1 00	0	0	0
Clinton Smith Board Member	1 00	0	0	0
Virginia Carlton Board Member	1 00	0	0	0
Uriel Pineda Board Member	1 00	0	0	0
Greg Campbell Board Member	1 00	0	0	0
Russell Turley Board Member	1 00	0	0	0
Dick Dickerson Administrative Secretary- Treasurer	1 00	0	0	0

Expenses

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

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

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)

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)?

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? ► **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?

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

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 ► 0

d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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** No

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

42a The organization's books are in care of ► Charles R Lindsay CPA Telephone no (601) 898-8875
Located at 599C Steed Rd 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 **FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)**

c At any time during the calendar year, did the organization maintain an office outside 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 during the year? 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)

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 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

	Yes	No
47		
48		
49a		
49b		

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

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 Tom Parry President Type or print name and title	2016-08-15 Date
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Paid Preparer Use Only	Print/Type preparer's name Charles R Lindsay CPA	Preparer's signature	Date 2016-08-15	Check <input type="checkbox"/> if self-employed	PTIN P00294610
	Firm's name ► Matthews Cutrer & Lindsay PA	Firm's EIN ► 64-0897081			
	Firm's address ► 599 C Steed Road Ridgeland, MS 39157	Phone no (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 990EZ, Part III - Statement of Program Service Accomplishments

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 501(c)(3) and 501(c)(4) organizations and 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 . . . ► <input type="checkbox"/>	28a	85,227
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 . . . ► <input type="checkbox"/>	29a	1,618
30 The organization provided support to 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 . . . ► <input type="checkbox"/>	30a	56,031

TY 2015 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.

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.**2015****Open to Public
Inspection**Name of the organization
Rotary International- North Jackson**Employer identification number**

23-7118850

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 14	Description Depreciation Amount 200
Form 990-EZ, Part I, Line 16 - Other Expenses	Description Miscellaneous Expense Amount 254 Description Dues Amount 10,980 Description Bank Fees Amount 81 Description Badges and awards Amount 1,560 Description Advertising Amount 601 Description Meal Costs Amount 51,921 Description Conventions, meetings and club functions Amount 18,154 Description Star Student Amount 300 Description New Member Fees Amount 1,100 Description Dictionary Project Amount 1,319 Description Website Fees Amount 695 Description Office Supplies Amount 342 Description Insurance Amount 186 Description Paul Harris Expense Amount 12,473 Description Police Precinct Project Amount 657 Total to Form 990-EZ, line 16 100,623
Form 990-EZ, Part II, Line 24 - Other Assets	Description Member's accounts receivable Beg of Year Amount 1,193 End of Year Amount 81 Description Other Depreciable Assets Beg of Year Amount 0 End of Year Amount 1,130
Form 990-EZ, Part II, Line 26 - Other Liabilities	Description Peace Fellow Trust Fund Held Beg of Year Amount 7,991 End of Year Amount 0 Description Deferred Rev Beg of Year Amount 0 End of Year Amount 80