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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

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)

▶ **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.**

OMB No 1545-1150
2015
Open to Public Inspection

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
PEACH STATE PETS

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 769

City or town, state or province, country, and ZIP or foreign postal code
DALTON, GA 307220769

D Employer identification number
34-2033629

E Telephone number
(706) 278-7100

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

I Website: ▶ WWW.PEACHSTATEPETS.ORG

J 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 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. ▶ \$ 111,342

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 | 2 | 3 | 4 | 5a | 5b | 5c | 6a | 6b | 6c | 6d | 7a | 7b | 7c | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | |
|---|---|---|---------|---|---|----|----|----|-----|----|----|----|----|----|----|---|---|----|----|----|----|----|----|----|----|----|----|----|----|--|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 Program service revenue including government fees and contracts | | 111,342 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 Membership dues and assessments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 Investment income | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5a Gross amount from sale of assets other than inventory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b Less cost or other basis and sales expenses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 Gaming and fundraising events | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c Less direct expenses from gaming and fundraising events | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Less cost of goods sold | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Other revenue (describe in Schedule O) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 11 Benefits paid to or for members | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 12 Salaries, other compensation, and employee benefits | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 13 Professional fees and other payments to independent contractors | | | | | | | | 503 | | | | | | | | | | | | | | | | | | | | | |
| | 14 Occupancy, rent, utilities, and maintenance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 15 Printing, publications, postage, and shipping | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 16 Other expenses (describe in Schedule O) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 Total expenses. Add lines 10 through 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 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 Other changes in net assets or fund balances (explain in Schedule O) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | 95,858 | 22 74,605 |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe in Schedule O) | 0 | 24 18,092 |
| 25 Total assets | 95,858 | 25 92,697 |
| 26 Total liabilities (describe in Schedule O) | 0 | 26 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 95,858 | 27 92,697 |

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 STATEWIDE OFFICER TRAINING FOR ROTARY INTERNATIONAL OFFICERS

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

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

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

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** 111,503

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 |
|------------------------------------|--|--|---|--|
| MARGIE FORBES CHAIRPERSON | 1 00 | 0 | 0 | 0 |
| GARY SMITH CO-CHAIRPERSON | 1 00 | 0 | 0 | 0 |
| CHERYL GREENWAY CO-CHAIRPERSON | 1 00 | 0 | 0 | 0 |
| LLOYD HORADAN DISCUSSION LEADER | 1 00 | 0 | 0 | 0 |
| KARL JORDAN TREASURER | 1 00 | 0 | 0 | 0 |
| CAROL STALLINGS SECRETARY | 1 00 | 0 | 0 | 0 |
| JIM BRUCE WEBMASTER | 1 00 | 0 | 0 | 0 |
| ALICIA MICHAEL OFFICER | 1 00 | 0 | 0 | 0 |
| BILL STRICKLAND OFFICER | 1 00 | 0 | 0 | 0 |
| TED THOMPSON OFFICER | 1 00 | 0 | 0 | 0 |
| ROBERT HAGAN OFFICER | 1 00 | 0 | 0 | 0 |
| D ALAN SMITH OFFICER | 1 00 | 0 | 0 | 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 response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and tax reporting.

| | | |
|--|------------|-----------|
| | Yes | 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 | 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

| | | |
|--|------------|-----------|
| | Yes | No |
| 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 | |
| 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"

| (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 | 2016-12-01 Date |
| | KARL JORDAN TREASURER Type or print name and title | |

| | | | | | |
|-------------------------------|---|----------------------|------|---|-------------------|
| Paid Preparer Use Only | Prnt/Type preparer's name SHELTON CHAMBERS | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P01479354 |
| | Firm's name ▶ ELLIOTT DAVIS DECOSIMO LLC PLLC | | | Firm's EIN ▶ 57-0381582 | |
| | Firm's address ▶ 629 MARKET STREET SUITE 100 CHATTANOOGA, TN 37402 | | | Phone no (423) 756-7100 | |

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

Additional Data

Software ID:
Software Version:
EIN: 34-2033629
Name: PEACH STATE PETS

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.) | |
|---|--|---------|
| ANNUAL PETS CONFERENCE - PROVIDED FOR THE TRAINING VENUE AND COORDINATED AND 28 CONDUCTED THE TRAINING OF ROTARY INTERNATIONAL OFFICERS STATEWIDE (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | 28a | 111,503 |

TY 2015 Transfers Personal Benefits Contracts Declaration

Name: PEACH STATE PETS

EIN: 34-2033629

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
PEACH STATE PETS

Employer identification number

34-2033629

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES | DESCRIPTION SUPPLIES AMOUNT 83 DESCRIPTION CONFERENCE MEALS AND ROOMS AMOUNT 93,058 DESCRIPTION CONFERENCE SPEAKERS AMOUNT 1,158 DESCRIPTION CONTRIBUTIONS AMOUNT 2,028 DESCRIPTION MISCELLANEOUS AMOUNT 2,574 DESCRIPTION MEETING EXPENSES AMOUNT 2,266 DESCRIPTION COMMITTEE MEETINGS AMOUNT 5,316 DESCRIPTION BANK SERVICE CHARGE AMOUNT 241 TOTAL TO FORM 990-EZ, LINE 16 106,724 |
| FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS | DESCRIPTION PRIOR PERIOD ADJUSTMENT AMOUNT -3,000 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS | DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 18,092 |