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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 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of JONATHAN MATTOX Telephone no (662) 801-4760 Located at P O BOX 1826 OXFORD, MS ZIP + 4 38655

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 42c.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 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 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 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

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 2017-09-26 Date RYAN NIEMEYER PRESIDENT Type or print name and title

Paid Preparer Use Only Print/Type preparer's name EDWARD A MAXWELL CPA Preparer's signature Date 2017-09-26 Check if self-employed PTIN P01529616 Firm's name WATKINS WARD AND STAFFORD PLLC Firm's EIN 64-0394922 Firm's address 829 N LAMAR BLVD STE 3 OXFORD, MS 38655 Phone no (662) 281-8900

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

Additional Data

Software ID:

Software Version:

EIN: 20-4454945

Name: ROTARY CLUB OF OXFORD - OLE MISS

Form 990EZ, Part III - Statement of Program Service Accomplishments

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; optional for others.)	
28 CHRISTMAS STORE - PROVIDE TOYS AND BOOKS FOR CHILDREN WHO MIGH NOT OTHERWISE HAVE CHRISTMAS (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	18,098

SCHEDULE O
(Form 990 or 990-EZ)

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ROTARY CLUB OF OXFORD - OLE MISS

Employer identification number

20-4454945

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	ROTARY FOUNDATION 5,525 0 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES CREDIT CARD SERVICE CHARGE 37 MEETING AND TRAVEL 12,985 CHRISTMAS STORE DONATIONS 18,098 TOTAL 31,120

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	PROVIDE SERVICE TO OTHERS, PROMOTE HIGH ETHICAL STANDARDS, AND TO ADVANCE WORLD UNDERSTANDING THROUGH ITS FELLOWSHIP OF BUSINESS, PROFESSIONAL AND COMMUNITY LEADERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 31	DONATIONS MADE ON BEHALF OF CLUB MEMBERS TO ROTARY INTERNATIONALS CHARITABLE FOUNDATION