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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2013

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

Open to Public InspectionDepartment 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 2013 calendar year, or tax year beginning July 1, 2013, and ending June 30, 20 14

B Check if applicable:
☒ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization Rotary International
Rotary Club of Bristol VA-TN
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
118 Phlox Creek
 City or town, state or province, country, and ZIP or foreign postal code
Bristol, TN 37620

D Employer identification number
27-358306 27-3583506

E Telephone number
423-968-9206

F Group Exemption Number ▶ 0573

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: ▶ _____

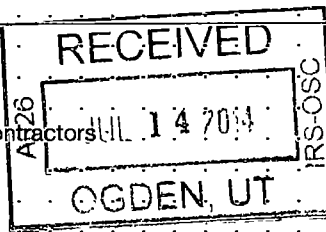
J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (4) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☐ Corporation ☐ Trust ☒ Association ☒ Other **Unincorporated Membership**

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 ▶ \$ 144,605

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	48,700	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		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)
3	Membership dues and assessments	3	95,187	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	718	21	Net assets or fund balances at end of year. Combine lines 18 through 20
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 \$ _____ 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			
c	Less: direct expenses from gaming and fundraising events	6c			
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
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	144,605		
10	Grants and similar amounts paid (list in Schedule O)	10	35,770		
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	8,000		
14	Occupancy, rent, utilities, and maintenance	14			
15	Printing, publications, postage, and shipping	15	3,856		
16	Other expenses (describe in Schedule O)	16	105,662		
17	Total expenses. Add lines 10 through 16	17	153,288		



For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2013)

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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	74,151	22 65,468
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	74,151	25 65,468
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	74,151	27 65,468

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? **Community Based Service Organization**

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 and section 4947(a)(1) trusts, optional for others)

28 Outstanding Teacher Awards: Recognizes teachers from two city public school systems who are nominated by their colleagues. Each nominee receives \$100, two willers receive \$2,000 each and \$500 for schoold equipment. Each system foundation received \$2,000 this year. All are honored at Outstanding Teacher Awards Banquet. (Grants \$ 11,000) If this amount includes foreign grants, check here ☐	28a	13,765
29 Academic Achievement Awards Banquet: Recognizes outstanding students from two city public high schools for their academic achievement. (Grants \$ 3,500) If this amount includes foreign grants, check here ☐	29a	3,500
30 Rotary Youth Leadership Awards Seminar. Sponsors high school students to attend the Rotary Youth Leadership Awards Seminar in Blacksburg, VA. (Grants \$) If this amount includes foreign grants, check here ☐	30a	820
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ☐	31a	5,523
32 Total program service expenses (add lines 28a through 31a)	32	23,608

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
Jim Maxwell, President 47 Abbie Lane, Bristol, TN 37620	7	0		
Jack Dempsey, President Elect 101 Lee St., Bristol, VA 24201	2	0		
Tara McCall, President-Elect 274 Clear Branch Circle, Bristol, TN 37620	4	0		
Helen Scott, Past President 401 Mockingbird Rd., Bristol, TN 37620	2	0		
Katy Sikorski, Vice-President 10 Deer Lick Rd., Bristol, TN 37620	2	0		
Joe Macione, Secretary/Treasurer 118 Phlox Creek, Bristol, TN 37620	20	8,000		
George "Buzz" Helms 4212 Gate City Highway, Bristol, VA 24201	2	0		
Peter D. Holler 112 Evergreen Place, Bristol, TN 37620	2	0		
David Akard III 215 Donegal Way, Bristol, TN 37620	2	0		
Michael Fleenor 11414 Goose Creek Road, Bristol, VA 24201	2	0		
William Burriess III 9 Crown Circle, Bristol, TN 37620	2	0		
John Vann 84 Fairway Drive, Bristol, TN 37620	2	0		

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		☒

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 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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 ▶

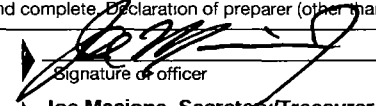
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 and 4947(a)(1) nonexempt charitable trusts 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  **Joe Macione, Secretary/Treasurer** **7-10-2014**
Signature of officer Date
Type or print name and title

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)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

2013**Open to Public
Inspection**

Name of the organization

Rotary Club of Bristol, VA-TN

Employer identification number

27-3583506

Line 10**Grants and similar amounts paid:**

The Rotary Foundation	\$18,569
CART (Coins for Alzheimer's Research Trust)	2,850
Salvation Army	1,250
Shelter Box	6,224
Rotary Club of Bristol VA-TN Charitable Fund	6,877
Total	\$35,770

Line 16**Other Expenses:**

Supplies	\$ 1,209
Dues	19,002
Meeting Meals and Annual Banquet	59,650
Officers' Expense	1,121
Software	555
Speakers' Gifts	517
Outstanding Teacher Awards, Academic Achievement, Youth Leadership and other services*	23,608
Total	\$105,662

* Polio Plus Program of Rotary International	\$ 2,500
Habitat for Humanity	2,500
William Skelton Fellowship	523
Total	5,523