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Short Form

Form 990-EZ

Return of Organization Exempt From Income Tax

2014

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.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: INNSBROOK ROTARY CHARITABLE FOUNDATION. D Employer identification number: 54-1771779. E Telephone number: 804-282-7636. F Group Exemption Number.

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.INNSBROOKROTARY.ORG

J Tax-exempt status (check only one) - [X] 501(c)(3) [] 501(c)() (insert no.) [] 4947(a)(1) or [] 527

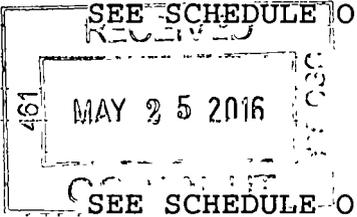
K Form of organization: [X] Corporation [] Trust [] Association [] Other

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. \$ 141256.

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 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 23339, 3563, 114354, 61657, 52697, 79599, 69963, 1501, 71464, 8135, 147167, 0, 155302.



SCANNED JUL 01 2016

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2014)

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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 Sch. O to respond to any question in this Part V [X]

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 41e regarding organizational activities, expenditures, and tax shelter transactions.

42a The organization's books are in care of INNSBROOK ROTARY CHARITABLE Telephone no 804-273-6226 Located at P.O. BOX 2308, GLEN ALLEN, VA ZIP + 4 23058

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b, 42c, and 43 regarding foreign accounts and tax-exempt interest.

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

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

Table with 3 columns: Question, Yes, No. Row 46: Yes (empty), No (X)

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 Sch. 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?

Table with 3 columns: Question, Yes, No. Rows 47-49b: Yes (empty), No (X)

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."

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. Row 1: 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." NONE

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows empty.

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 (X) 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: Matthew O McDonald, Date: 5/15/16, Type or print name and title: OFFICER

Paid Preparer Use Only: Print/Type preparer's name: MATTHEW O MCDONALD, Preparer's signature: Matthew O McDonald, Date: 5/15/16, Check self-employed: [], PTIN: P00400690, Firm's name: KEITER, STEPHENS, HURST, GARY & SHREAVE, Firm's EIN: 54-1631262, Firm's address: P.O. BOX 32066, RICHMOND, VA 23294-2066, Phone no.: (804) 747-0000

May the IRS discuss this return with the preparer shown above? See instructions

Yes [] No [X]

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2013 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	10480.	8252.	5348.	75223.	18229.	117532.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	89699.	69397.	108824.	119375.	114354.	501649.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	100179.	77649.	114172.	194598.	132583.	619181.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						619181.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	100179.	77649.	114172.	194598.	132583.	619181.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		2.	200.	1698.	3563.	5463.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		2.	200.	1698.	3563.	5463.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support (Add lines 9, 10c, 11, and 12)	100179.	77651.	114372.	196296.	136146.	624644.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	99.13 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	99.68 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	.87 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	.32 %

19a **33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))	
		ROSE SALE (event type)	FIREFIGHTER CHALLENGE (event type)	1 (total number)		
Revenue	1	Gross receipts	25832.	63354.	25168.	114354.
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	25832.	63354.	25168.	114354.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	17570.	33839.	10248.	61657.
	10	Direct expense summary Add lines 4 through 9 in column (d)				61657.
	11	Net income summary Subtract line 10 from line 3, column (d)				52697.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d)			
	8	Net gaming income summary Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain _____

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

INNSBROOK ROTARY CHARITABLE FOUNDATION

Employer identification number

54-1771779

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST AND DIVIDENDS

3563.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: CASH CONTRIBUTION

GRANTEE NAME: ALZHEIMER ASSOC

GRANTEE ADDRESS: P.O. BOX 2308 GLEN ALLEN, VA 23058

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

500.

ACTIVITY CLASSIFICATION: CASH CONTRIBUTION

GRANTEE NAME: ARC

GRANTEE ADDRESS: P.O. BOX 2308 GLEN ALLEN, VA 23058

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

430.

ACTIVITY CLASSIFICATION: CASH CONTRIBUTION

GRANTEE NAME: ROTARY FOUNDATION

GRANTEE ADDRESS: P.O. BOX 2308 GLEN ALLEN, VA 23058

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

2500.

ACTIVITY CLASSIFICATION: CASH CONTRIBUTION

GRANTEE NAME: BIG BROTHERS BIG SISTERS

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OMB No 1545-0047

2014

Open to Public
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Name of the organization

INNSBROOK ROTARY CHARITABLE FOUNDATION

Employer identification number

54-1771779

GRANTEE ADDRESS: P.O. BOX 2308 GLEN ALLEN, VA 23058

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 3500.

ACTIVITY CLASSIFICATION: CASH CONTRIBUTION

GRANTEE NAME: COAL PIT LEARNING CENTER

GRANTEE ADDRESS: P.O. BOX 2308 GLEN ALLEN, VA 23058

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 3500.

ACTIVITY CLASSIFICATION: CASH CONTRIBUTION

GRANTEE NAME: EFFECTIVE MINISTRIES

GRANTEE ADDRESS: P.O. BOX 2308 GLEN ALLEN, VA 23058

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 1000.

ACTIVITY CLASSIFICATION: CASH CONTRIBUTION

GRANTEE NAME: FEEDMORE

GRANTEE ADDRESS: P.O. BOX 2308 GLEN ALLEN, VA 23058

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 26000.

ACTIVITY CLASSIFICATION: CASH CONTRIBUTION

GRANTEE NAME: FULL CIRCLE GRIEF

GRANTEE ADDRESS: P.O. BOX 2308 GLEN ALLEN, VA 23058

GRANTEE RELATIONSHIP: NONE

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AMOUNT GIVEN: 1000.

ACTIVITY CLASSIFICATION: CASH CONTRIBUTION

GRANTEE NAME: GODWIN HIGH SCHOOL STUDENT ASSOC

GRANTEE ADDRESS: P.O. BOX 2308 GLEN ALLEN, VA 23058

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 300.

ACTIVITY CLASSIFICATION: CASH CONTRIBUTION

GRANTEE NAME: JACKSON FIELD HOMES

GRANTEE ADDRESS: P.O. BOX 2308 GLEN ALLEN, VA 23058

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 1485.

ACTIVITY CLASSIFICATION: CASH CONTRIBUTION

GRANTEE NAME: JEWISH FAMILY SERVICES

GRANTEE ADDRESS: P.O. BOX 2308 GLEN ALLEN, VA 23058

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 750.

ACTIVITY CLASSIFICATION: CASH CONTRIBUTION

GRANTEE NAME: ROTARY CLUB OF HANOVER

GRANTEE ADDRESS: P.O. BOX 2308 GLEN ALLEN, VA 23058

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 176.

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ACTIVITY CLASSIFICATION: CASH CONTRIBUTION

GRANTEE NAME: JUNIOR ACHIEVEMENT

GRANTEE ADDRESS: P.O. BOX 2308 GLEN ALLEN, VA 23058

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 1000.

ACTIVITY CLASSIFICATION: CASH CONTRIBUTION

GRANTEE NAME: ROTARY DISTRICT 7600

GRANTEE ADDRESS: P.O. BOX 2308 GLEN ALLEN, VA 23058

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 1376.

ACTIVITY CLASSIFICATION: CASH CONTRIBUTION

GRANTEE NAME: PROJECT HOMES

GRANTEE ADDRESS: P.O. BOX 2308 GLEN ALLEN, VA 23058

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 1800.

ACTIVITY CLASSIFICATION: CASH CONTRIBUTION

GRANTEE NAME: RAPME

GRANTEE ADDRESS: P.O. BOX 2308 GLEN ALLEN, VA 23058

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 1000.

ACTIVITY CLASSIFICATION: CASH CONTRIBUTION

GRANTEE NAME: MS SOCIETY

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GRANTEE ADDRESS: P.O. BOX 2308 GLEN ALLEN, VA 23058

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

500.

ACTIVITY CLASSIFICATION: CASH CONTRIBUTION

GRANTEE NAME: NORTHSTAR ACADEMY

GRANTEE ADDRESS: P.O. BOX 2308 GLEN ALLEN, VA 23058

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

1100.

ACTIVITY CLASSIFICATION: CASH CONTRIBUTION

GRANTEE NAME: OLD DOMINION BURN UNIT

GRANTEE ADDRESS: P.O. BOX 2308 GLEN ALLEN, VA 23058

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

5000.

ACTIVITY CLASSIFICATION: CASH CONTRIBUTION

GRANTEE NAME: SUMMER CAMP ON THE HILL

GRANTEE ADDRESS: P.O. BOX 2308 GLEN ALLEN, VA 23058

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

1000.

ACTIVITY CLASSIFICATION: CASH CONTRIBUTION

GRANTEE NAME: RCM FOOLS

GRANTEE ADDRESS: P.O. BOX 2308 GLEN ALLEN, VA 23058

GRANTEE RELATIONSHIP: NONE

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AMOUNT GIVEN: 2000.

ACTIVITY CLASSIFICATION: CASH CONTRIBUTION

GRANTEE NAME: READ CENTER

GRANTEE ADDRESS: P.O. BOX 2308 GLEN ALLEN, VA 23058

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 2500.

ACTIVITY CLASSIFICATION: CASH CONTRIBUTION

GRANTEE NAME: HENRICO HEROES FOUNDATION

GRANTEE ADDRESS: P.O. BOX 2308 GLEN ALLEN, VA 23058

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 1000.

ACTIVITY CLASSIFICATION: CASH CONTRIBUTION

GRANTEE NAME: COMFORT ZONE

GRANTEE ADDRESS: P.O. BOX 2308 GLEN ALLEN, VA 23058

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 1200.

ACTIVITY CLASSIFICATION: CASH CONTRIBUTION

GRANTEE NAME: SHADY GROVE YMCA

GRANTEE ADDRESS: P.O. BOX 2308 GLEN ALLEN, VA 23058

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 4950.

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ACTIVITY CLASSIFICATION: CASH CONTRIBUTION

GRANTEE NAME: CHANGE THE WORLD RVA

GRANTEE ADDRESS: P.O. BOX 2308 GLEN ALLEN, VA 23058

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 1000.

ACTIVITY CLASSIFICATION: CASH CONTRIBUTION

GRANTEE NAME: VA HOME FOR BOYS

GRANTEE ADDRESS: P.O. BOX 2308 GLEN ALLEN, VA 23058

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 2500.

ACTIVITY CLASSIFICATION: CASH CONTRIBUTION

GRANTEE NAME: STOP CHILD ABUSE NOW

GRANTEE ADDRESS: P.O. BOX 2308 GLEN ALLEN, VA 23058

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 896.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 69963.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

OTHER 1501.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION BEG. OF YEAR END OF YEAR

DUE FROM ROTARY CLUB OF INNSBROOK 1008. 1158.

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FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE MISSION OF THE ROTARY
FOUNDATION IS TO ENABLE ROTARIANS TO ADVANCE WORLD UNDERSTANDING,
GOODWILL, AND PEACE THROUGH THE IMPROVEMENT OF HEALTH, THE SUPPORT OF
EDUCATIONS, AND THE ALLEVIATION OF POVERTY. THE FOUNDATION IS A
NOT-FOR-PROFIT CORPORATION SUPPORTED SOLELY BY VOLUNTARY CONTRIBUTIONS
FROM ROTARIANS AND FRIENDS OF THE FOUNDATION WHO SHARE ITS VISION OF A
BETTER WORLD.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
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.