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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)

OMB No 1545-1150

2014

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 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization: ROTARY INTERNATIONAL - BLUEFIELD ROTARY CLUB
Number and street (or P O box, if mail is not delivered to street address): PO BOX 121
Room/suite
City or town, state or province, country, and ZIP or foreign postal code: BLUEFIELD, WV 24701

D Employer identification number: 55-0268356
E Telephone number: (304) 325-8157
F Group Exemption Number: 0573

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.ROTARY-BLUEFIELD.ORG

J Tax-exempt status (check only one): [] 501(c)(3) [X] 501(c)(4) (insert no) [] 4947(a)(1) or [] 527

K Form of organization: [] Corporation [] Trust [X] 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. \$ 56,594

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 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for detailed calculations like 5a-5c, 6a-6c, 7a-7c.

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 | 19,700 | 22 | 29,261 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) | | 24 | |
| 25 Total assets | 19,700 | 25 | 29,261 |
| 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) | 19,700 | 27 | 29,261 |

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 FOSTER THE IDEA OF SERVICE

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 THE ORGANIZATION MEETS WEEKLY TO ENCOURAGE AND FOSTER THE IDEA OF SERVICE, DEVELOP ACQUAINTANCES, STRESS HIGH STANDARDS AND DEVELOP INTERNATIONAL GOODWILL (Grants \$ 13,113) | If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 42,742 |
| 29 | | | |
| (Grants \$) | If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | |
| 30 | | | |
| (Grants \$) | If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 Other program services (describe in Schedule O) | | | |
| (Grants \$) | If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | | 32 | 42,742 |

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 |
|--------------------------------|--|--|---|--|
| CONNIE SAUNDERS PRESIDENT | 1 00 | 0 | 0 | 0 |
| KEITH MCKENZIE PRES ELECT | 1 00 | 0 | 0 | 0 |
| LARRY RATLIFF VICE PRES | 1 00 | 0 | 0 | 0 |
| MARY RAUB SGT AT ARMS | 1 00 | 0 | 0 | 0 |
| DEB HALSEY-HUNTER SECRETARY | 1 00 | 0 | 0 | 0 |
| MELINDA TESTERMAN TREASURER | 1 00 | 0 | 0 | 0 |
| | | | | |
| | | | | |
| | | | | |
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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

| | | Yes | No |
|------------|--|------------|----|
| 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 | | No |
| 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) | | No |
| 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)? | | No |
| 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 | | |
| 35c | 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 | | No |
| 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 | | No |
| 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? | 38a | No |
| 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 | 40b | No |
| 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 <u>MELINDA TESTERMAN</u> Telephone no <u>(304) 308-0613</u> Located at <u>1103 COLLEGE AVENUE BLUEFIELD, WV</u> ZIP +4 <u>24701</u> | | |
| 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 | 42b | No |
| | 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 | 42c | No |
| 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 | 44a | No |
| 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 | 44b | No |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | No |
| 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 | 44d | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | No |
| 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) | 45b | |

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 "

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 2015-11-10 Date MELINDA TESTERMAN TREASURER 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

TY 2014 Transfers Personal Benefits Contracts Declaration

Name: ROTARY INTERNATIONAL - BLUEFIELD ROTARY CLUB

EIN: 55-0268356

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.

2014

**Open to Public
Inspection**

Name of the organization
ROTARY INTERNATIONAL - BLUEFIELD ROTARY CLUB

Employer identification number

55-0268356

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME | DESCRIPTION INTEREST INCOME FROM BANK ACCOUNT AMOUNT 18 |
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION CHARITABLE GRANTEE NAME ROTARY FOUNDATION GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 6,628 |
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION CHARITABLE GRANTEE NAME BLUEFIELD HIGH SCHOOL PROJECT GRADUATION GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 76 |
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION EDUCATIONAL GRANTEE NAME MERCER COUNTY SCHOOLS - DICTIONARY PRO JECT GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 405 |
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION CHARITABLE GRANTEE NAME COMMUNITY CHRISTMAS TREE LITTLE JIMMY P ROJECT GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 250 |
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION SCHOLARSHIPS GRANTEE NAME LAKEY MORRIS GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 500 |
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION SCHOLARSHIPS GRANTEE NAME AMBER MILLER GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 500 |
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION CHARITABLE GRANTEE NAME BLUEFIELD UNION MISSION GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 105 |
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION SCHOLARSHIPS GRANTEE NAME KELSEY FRY GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 500 |
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION CHARITABLE GRANTEE NAME BIBLE IN THE SCHOOLS GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 155 |
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION CHARITABLE GRANTEE NAME ROTARY GREEN PROJECT AMOUNT GIVEN 888 |
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION CHARITABLE GRANTEE NAME APPALACHIAN TEEN CHALLENGE AMOUNT GIVEN 112 |
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION CHARITABLE GRANTEE NAME PRINCETON SENIOR HIGH SCHOOL MADRIGALS AMOUNT GIVEN 100 |
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION CHARITABLE GRANTEE NAME BLUEFIELD COLLEGE AMOUNT GIVEN 76 |
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION CHARITABLE GRANTEE NAME BLUEFIELD HIGH SCHOOL DRAMA AMOUNT GIVEN 150 |
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION CHARITABLE GRANTEE NAME WADE CENTER AMOUNT GIVEN 141 |
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION CHARITABLE GRANTEE NAME CHILD PROTECT AMOUNT GIVEN 108 |
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION CHARITABLE GRANTEE NAME SALVATION ARMY AMOUNT GIVEN 579 |
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION EDUCATIONAL GRANTEE NAME MEMORIAL PRIMARY SCHOOL AMOUNT GIVEN 1,564 |
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION CHARITABLE GRANTEE NAME BLESSINGS IN A PACKPACK AMOUNT GIVEN 151 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION CHARITABLE GRANTEE NAME YOUNG LIFE AMOUNT GIVEN 125 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 13,113 |
| FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES | DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 6,246 DESCRIPTION MEETING EXPENSES AMOUNT 21,860 DESCRIPTION MISCELLANEOUS AMOUNT 1,452 TOTAL TO FORM 990-EZ, LINE 16 29,558 |